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C. LEWIS
FEB 4 2009
EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CT: United Group Marketing - Group 10 FINANCIAL, LLC (Name of Limited Liability Company)
The enc	losed Articles of Amendment and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	Cherry Royer (Name of Person) Clinital Group Marketing Group 10 General Lec (Firm/Company) 3567 CAMEDOT DRIVE (Address) CRENE LEGE HORIDA 33844 (City/State and Zip Code)
For furt	her information concerning this matter, please call:
_1	(Name of Person) at (863 432 4803 (Area Code & Daytime Telephone Number)
Enclose	d is a check for the following amount:
\$25.	00 Filing Fee \$\ \times \text{S30.00 Filing Fee & Certificate of Status} \text{ \$\subseteq \text{S55.00 Filing Fee & Certificate Opy (additional copy is enclosed)} \text{ \$\subseteq \text{S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \text{ \$\text{Certified Copy (additional copy is enclosed)} \$\text{Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

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GROUP 10 FIN	ANCIAL	LLCOUNT MET TO THE	
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears of iability Company)	n our records.	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on/	- <u>22 - 2009</u> and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
LINITED GROUP MARKETING The new name must be distinguishable and end with the words "Limit	9 - GROUP	10 FINANCIAL LILC	
The new name must be distinguishable and end with the words "Limit "L.L.C."			
Enter new principal offices address, if applicable:	3567	CAMELLE DRIVE ELE GE GloriDA	
(Principal office address MUST BE A STREET ADDRESS)	GREN.	=LE FE FloRIDA 33844	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	/F4	· Florida street address	
	(Enter Florida street address)		
	(City)	, Florida (Zip Code)	

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(If Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

<u>Tiţle</u>	<u>Name</u>	Address	Type of Action
			Add Remove
 -			Add Remove
			Add Remove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if nece	essary.)
_			
Dated	Del	r or authorized representative of a member	2009 FEB -3
		Figure of signee Page 2 of 2	Super 2:38

Filing Fee: \$25.00