## 109000041467

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
L. SELLERS					
JUN <b>2 2</b> 2009					
EVANINER					

Office Use Only



600155958996

05/20/09--01016--023 \*\*35.00

)9 JUN 19 PM 3: 01 SECRE DAKY OF STATE ALLAHASSEE FLORIDA

TILED

## **COVER LETTER**

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION:	UAU INTERNATIONAL	L, LLC		
DOCUMENT NUMB	ER:	L0900004146	57		
The enclosed Articles of	<i>f Amendment</i> and fee a	re submitted for filing.			
Please return all corresp	ondence concerning thi	is matter to the following:			
		RT F MAHONEY CPA			
	N	Iame of Contact Person			
<u></u>					
		Firm/ Company			
7777 GLADES RD, STE 209 Address					
	C	Sity/ State and Zip Code			
	patrice@ma E-mail address: (to be use	arquesproductions.us	n)		
For further information	concerning this matter,	please call:			
ROBERT F	MAHONEY, CPA	at ( 561 )	451-9990		
Name of Co	ontact Person	Area Code & Daytime	Telephone Number		
Enclosed is a check for	the following amount n	nade payable to the Florida Dep	partment of State:		
∑ \$35 Filing Fee ☐	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Addre	<u>ss</u>	Street Address			
Amendment Section		Amendment Section			
Division of Corporations		Division of Corporations			
P.O. Box 6327		Clifton Building	irala		
Tallahassee, FL 32314		2661 Executive Center C	ircie		

Tallahassee, FL 32301



May 21, 2009

ROBERT F. MAHONEY CPA 7777 GLADES ROAD, STE. 209 BOCA RATON, FL 33434

SUBJECT: UAU INTERNATIONAL, LLC

Ref. Number: L09000041467

We have received your document for UAU INTERNATIONAL, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 709A00017367

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UAU INTE	RNATIONAL, L	LÇ	
( <u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appointed Liability Company	ears on our records.)	
(ATTOMAL EL	miles Electricy Company	•	
The Articles of Organization for this Limited Liability Co	mpany were filed on _	APRIL 29, 2009	and assigned
Florida document numberL0900041467	<b>-</b> '		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company h	<u>iere</u> :	
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Con	npany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u>:SS)</u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>		
	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office addre		our records, <u>enter t</u>	he name of the nev
registered agent una or the new registered office address		·	₹ <b>0</b>
Name of New Registered Agent:			
New Registered Office Address:			
	•	Enter Florida street addi	ressi -
		, Florida	
	City		¥tp; Code
New Registered Agent's Signature, if changing Registered	Agent:		<b>₹</b> m =

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	FERNANDO P MARQUES	605 OAKS DRIVE, #910 POMPANO BCH, FL 33069	✓ Add Remove
MGR	PATRICIA MARQUES	605 OAKS DRIVE, #910 POMPANO BCH, FL 33069	Add ✓ Remove
			Add Remove
			Add Remove
			∏∧dd Remove
			Add Remove
D. If amendin	ng any other information, enter change(	s) here: (Attach additional sheets, if necessary	·)
		A or	<u>.</u>
Dated	JUNE 3 . 200	FFLOR	3 日 日 日
	JEAN-N	ARC PESLERBE printed name of signee	0

Page 2 of 2

Filing Fee: \$25.00