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SECRETARY OF STATE

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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	CCT:	United Capi	ital Resources, LLC	
			ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please	return all correspo	ndence concerning this matte	r to the following:	
Gilmore E. Daniel, Jr				
		linita		
United Capital Resources, LLC Firm/Company				
933 Lee Road, Suite 400				
			Address	
			Orlando, FL 32810 City/State and Zip Code	
		c.obrie	n@southeasternrealty.com	Van
For furt	her information co	oncerning this matter, please of	-	uonj
		re E. Daniel, Jr	_{at (} _407 _{_)} 629-55	595, Ext 233
	Name of	Person	Area Code & Daytime T	elephone Number
Enclose	d is a check for th	e following amount:		
] \$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
\$ \$ 12 25. 1	Registra Division P.O. Bo	of Corporations	STREET/COURIEF Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons er Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

United Capit	al Resources, LL	.C	<u></u>
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appear ited Liability Company)	rs on our records.	
The Articles of Organization for this Limited Liability Com	pany were filed on	05/01/09	and assigned
Florida document number L0900042601			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company her	<u>·e</u> :	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Compa	any," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u> </u>		0 V S
			<u> </u>
Enter new mailing address, if applicable:			ज ुर्ह्
(Mailing address MAY BE A POST OFFICE BOX)			3 190
maning unitess MITI BE II I GOT GITTGE BON			- 5
			ੂੰ ਹੋਵਾ
B. If amending the registered agent and/or registere registered agent and/or the new registered office addres		our records, enter	the name of the ne
registered agent and/or the new registered office addres	<u>s nei e</u> .		
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street add	aress
	,,	, Florida	
	City		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 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>	<u>Name</u>	Address	Type of Action
MGRM	Robert N. Johnson	933 Lee Road, Suite 400 Orlando, FL 32810	Add Remove
			Add Remove
			Add Remove
<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	_
			_
Dated	June 11	2009 Junuary member of authorized representative of a member	
		Gilmore E. Daniel, Jr Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00