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S. HAWKES
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EXAMINER



ROBERT B. BENNETT WARREN K. SPONSLER GWEN G. JACOBS DAVID W. ADAMS JOHN F. WENDEL OF COUNSEL KERRY J. ANDERSON OF COUNSEL

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SAMANTHA P. LECLAIRE
MORGAN P. LYNCH
KIMBERLY ISNER MONTICELLO

September 24, 2009

Via Federal Express

Florida Department of State Registration Section Division of Corporations 2661 Executive Center Circle Tallahassee, FL 32301

RE: Alpha Foundations, LLC – Articles of Amendment

Gentlemen:

Enclosed are the original and one copy of Articles of Amendment for Alpha Foundations, LLC. Our check in the amount of \$55 is included to cover the cost of the filing fee and a certified copy.

Should you need any additional information to effectuate this filing, please contact my office. Thank you for your assistance and cooperation.

Very truly yours,

Lisa S. Del Vecchio,

/ldl

Enclosures

'COVER LETTER

Division of Co	orporations					
SUBJECT:	Alpha Fo	oundations, LLC				
		ited Liability Company				
The enclosed Articles of	of Amendment and fee(s) are sul	omitted for filing.				
Please return all corresp	oondence concerning this matter	to the following:				
		Lisa S. DelVecchio				
		Name of Person				
	Sponsler, I	Bennett, Jacobs & Adams, P.	A.			
	·	Firm/Company				
		P. O. Box 3300				
		Address				
	Ta	ampa, FL 33601-3300				
		City/State and Zip Code				
	Idelvec E-mail address: (chio@sponslerbennett.com to be used for future annual report notifica	tion)			
For further information	concerning this matter, please	call:				
Linda D. Lee		at (813) 272-14 Area Code & Daytime T	100, Ext. 141			
Name	of Person	Area Code & Daytime T	elephone Number			
Enclosed is a check for	the 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)			

MAILING ADDRESS:

TO:

Registration Section

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



Alpha Foundations, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liab	oility Company were filed on _	August 31, 2009 and assign	ned
Florida document numberL09000841	<u>86 </u> .		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of the	he limited liability company h	<u>iere</u> :	
Unive	rsal Ground Solutions, LL	C	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Con	npany," the designation "LLC" or the abb	previation
Enter new principal offices address, if applicab	ole:		<u>. </u>
(Principal office address MUST BE A STREET	ADDRESS)		
	•		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		n our records, enter the name of	the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address , 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title mame, and address of each Manager or Managing Member being added or removed from our records:				
MGR = M			U0 6LD =	
<u>Title</u>	<u>Name</u>	Address	SECRETARY OF STATE TALLAHASSEL FLORIDA	Type of Action
	***************************************			Add Remove
				Add Remove
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				Add Remove
		<u> </u>		Add Remove
				Add Remove
D. If ame	nding any other information, en	iter change(s) here: (Attach	additional sheets, if necessary.)	_
-				_
 _ Dated	September 23	_,2009		_
	Signature of	Del Vecchus f a member or authorized repre	esentative of a member	· · ·
		Lisa S. DelVecch	io	
		Typed or printed name of:	signee	

Page 2 of 2

Filing Fee: \$25.00