

L 090000084186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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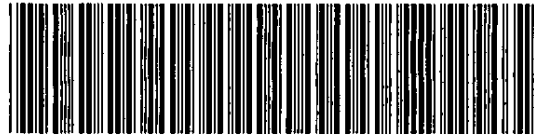
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

J. BRYAN

OCT - 9 2009

EXAMINER



ROBERT B. BENNETT  
WARREN K. SPONSLER  
GWEN G. JACOBS  
DAVID W. ADAMS

JOHN F. WENDEL  
OF COUNSEL

KERRY J. ANDERSON  
OF COUNSEL

JAN S. STOUT  
ADMINISTRATOR

LISA S. DELVECCHIO  
BRIAN R. EVANS  
KAREN E. FERGUSON  
KATHERINE M. GAVAGAN  
ZACHARY J. GLASER  
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SAMANTHA P. LECLAIRE  
MORGAN P. LYNCH  
KIMBERLY ISNER MONTICELLO

October 6, 2009

*Via Federal Express*

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

RE: Universal Ground Solutions, LLC – Articles of Amendment  
Document No. L090000084186

Gentlemen:

Enclosed are the original and one copy of Articles of Amendment for Universal Ground Solutions, 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. DelVecchio

/ldl  
Enclosures

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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Universal Ground Solutions, LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lisa S. DelVecchio

Name of Person

Sponsler, Bennett, Jacobs & Adams, P.A.

Firm/Company

Post Office Box 3300

Address

Tampa, FL 33601-3300

City/State and Zip Code

ldelvecchio@sponslerbennett.com

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Linda D. Lee

Name of Person

at ( 813 )

272-1400, Ext. 141

Area Code & Daytime Telephone 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:**

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

Universal Ground Solutions, LLC

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on August 31, 2009 and assigned  
Florida document number L09000084186.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Global Ground Solutions, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

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, 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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

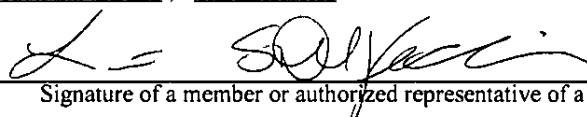
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated October 6, 2009



Signature of a member or authorized representative of a member

Lisa S. DelVecchio

Typed or printed name of signee

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