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| PICK-UP | ☐ WAIT | MAIL |
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| (Business Entity Name) | | |
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| Certified Copies | Certificates | s of Status |
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| Special Instructions to Filing Officer: | | |
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Office Use Only



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PALLAHASSEE FLORIDA

D. BRUCE

JUN 29 2011

EXAMINER

COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

| SUBJECT: UND Protection | Plus |
|--|---|
| Name of Limited | d Liability Company |
| The enclosed Articles of Amendment and fee(s) are submi | itted for filing. |
| Please return all correspondence concerning this matter to | the following: |
| Alexandra | Delenzo Name of Person |
| UND Proto | ection Plus LLC |
| 10396 W.S | St. Rd. 84 Swite 104 |
| Davie, FL | . 33324 City/State and Zip Code |
| Alexen il address: (to b | CLEARSTYCSSTCST. NOTE be used for future annual report notification) |
| For further information concerning this matter, please call: | <u> </u> |
| AUX OCREN 70 Name of Person | at Q54, 888 - 1195 Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: | |
| \$25.00 Filing Fee \$\ \tag{Certificate of Status} | S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) |
| MAILING ADDRESS: Registration Section Division of Corporations | 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

| UND Protection P | IUS LLC | |
|--|---|---------------------------------------|
| (A Florida L | Company as it now appears on our mited Liability Company) | recoras.) |
| The Articles of Organization for this Limited Liability Co | ompany were filed on 100 | and assigned |
| Florida document number <u>L09000953</u> | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limit | ed liability company here: | |
| | | |
| The new name must be distinguishable and end with the word "L.L.C." | s "Limited Liability Company," the d | designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRI | ESS) | |
| | | SSE CO |
| | | |
| Enter new mailing address, if applicable: | | E S : |
| (Mailing address MAY BE A POST OFFICE BOX) | - | ®ni 4₹ |
| | | |
| | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office address | | rds, enter the name of the new |
| registered agent and/or the new registered office address | cos nere. | |
| 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 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 Title Name **Type of Action** Address Remove ☐ Add Remove ☐ Add ☐ Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00