109000107028

(Red	luestor's Name)	
(Add	Iress)	
(Add	lress)	
(City	//State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
	iness Entity Na	
(Doc Certified Copies/	ument Number	s of Status <u>* ˈːːːː</u>
Special Instructions to F	iling Officer:	
	Office Use Or	nlv



300162690673

11/18/09--01013--025 **60,00

2009 NOY 18 AM 10: 50 SECRETARY OF STATE

American Company of the Company of t

T. CLINE

NOV: 9 2009

EXAMPLER

COVER LETTER

SUBJECT: ULMERTON A LA 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:	
ABDUL AZIZ FARISHTA Name of Person	
ULMERTON AYA LLC Firm/Company	,
25016 US LIWY 19 N Address	
CLEARWATER FL: 33763 City/State and Zip Code	
Touch _ OFINDIA @ YAHOO. Com. E-mail address: (to be used for future annual report notification)	2009 SEC
For further information concerning this matter, please call:	FILLAHASS
ABDUL AZIZ FARISHTA at (727) 741 - 1869 Name of Person Area Code & Daytime Telephone Number	8 AN IO: 51
Enclosed is a check for the following amount:	>
(additional copy is enclosed) Certified	e of Status &

MAILING ADDRESS:

Registration Section

Division of Corporations

TO:

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

ULMERTON ATA LLC

(Name of the Limited Liab (A Flori	ility Company as it now appears o da Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liabilit	•	1 - 05 - 2009 and assigned
Γhis amendment is submitted to amend the following	g:	
A. If amending name, <u>enter the new name of the l</u>	limited liability company here:	
The new name must be distinguishable and end with the 'L.L.C."	words "Limited Liability Company	," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	DDRESS)	15 20 E
		N
,		PA B PA
Enter new mailing address, if applicable:		SKK B
Mailing address MAY BE A POST OFFICE BOX	<u></u>	
		50. 6
B. If amending the registered agent and/or re registered agent and/or the new registered office a	•	r 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, 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** REGENERATION LIGUSTRUM DR 4051 MGRM HARBOR FL-34685 MAD INVESTMENT INC ☐ Add Remove 🔲 Add ☐ Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 11-17-2009 Signature of a member or authorized representative of a member Farisha.

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee