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D. BRUCE
JAN 2 0 2010
EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: SB UNITED ENTERPRISES LLL 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:
Sahil Modi Name of Person
SB UNITED ENTERPRISES, LLC Firm/Company
27031 BENTLEY WAY wait 205
Wesley Chapel FLORIDA 33544 City/State and Zip Code Soper Gator 67 @amail. com E-mail address: (to be used for future annual report notification)
Soper Gator 67 Damail. Com
For further information concerning this matter, please call:
Sahil Wodi at (813) 205 1190 AT A TO
Sahi Wadi at (813) 205 - 1190 Name of Person Area Code & Daytime Telephone Number Ar
\$25.00 Filing Fee \$30.00 Filing Fee \$ \$55.00 Filing Fee \$ \$60.00 Filing Fee, Certificate of Status \$ Certified Copy (additional copy is enclosed) \$ 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**

~ ~ ~ ~	LTED	- 10 1 -	RPRIS	-, -	LLC	
(Name of the Limited (A	Florida Limited	any as it now a Liability Comp	<u>ppears on our</u> any)	records.)		
The Articles of Organization for this Limited Li		y were filed or	12/31	109	and assigned	
This amendment is submitted to amend the follo	owing:					
A. If amending name, <u>enter the new name of</u>	the limited lia	bility compan	y here:			
The new name must be distinguishable and end with L.L.C."	h the words "Lin	nited Liability C	ompany," the o	designation "	LLC" or the abbrev	 iatior
Enter new principal offices address, if application	able:				As 1	
Principal office address MUST BE A STREE					CRE	一 万
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE I	<u>BOX)</u>				19 PH E: 30 ARY OF STATE SSEE, FLORIDA	ニューー
B. If amending the registered agent and/oregistered agent and/or the new registered of			on our reco	rds, <u>enter</u>	the name of the	new
Name of New Registered Agent:		ahil	Mod	1		
New Registered Office Address:	2703	31 BEN	TLE Y Enter Florid	da street add		_
	Wesley	Chapel		, Florida	33 5 4 4 Zip Code	
New Registered Agent's Signature, if changing R		<u>-</u>				

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 **Type of Action** Title **Name Address** MGR/MGRM Sahil Modi 27031 BENTLEY WAY Unit 205 Add Wesley Chapel, FL 33544 FRemove MGR Swapnil Modi □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated **.** horized representative of a member Typed or printed name of signee

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Filing Fee: \$25.00