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D. BRUCE
JUL 0 7 2010
EXAMINER

COVER LETTER

Registration Section
Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

TO:

	•	•			
SUBJECT:	ULTRA BROS 123,	LLC			
	Name of Limi	ted Liability Company	_		
The angloced Articles of A	mendment and fee(s) are sub	amitted for filing			
Please return all correspond	dence concerning this matter	to the following:			
		1			
	MICH	AEL GORE			
		Name of Person			
	III MD A DDO	; C 122 Tro			
•	ULTRA BRO	S 123, LLC			
		Firm/Company			
	11801 West A	tlantic Boulevard, # 123			
		Address			
	_ , _		334 2 m	5	
	Coral Sp	rings, FL 33071	- 33	JUL -6	1
	Core20	City/State and Zip Code 02@aol.com	Cr. 25		-
		to be used for future annual report notification)			; ; ; ; ; ;
		,	77.00	PH 4: 31	
For further information cor	ncerning this matter, please c	eali:		#. ယ	
GARY I.	HANDIN	954 \ 796-9600	A BILV	منتش	
Name of I	······································	at () 790-9000 Area Code & Daytime Telephone Nur	mber		
ivaine of i	Vision	The Gode & Day time Telephone Par			
Enclosed is a check for the	following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee &		Filing Fee,		•
	Certificate of Status		ificate of Sta ified Copy	atus &	
			itional copy	is enc	:losed)
	G ADDRESS:	STREET/COURIER ADDRESS	S:		
	ion Section of Corporations	Registration Section Division of Corporations			
1217131011	c. corporations	Printer of Corporations			

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ULTRA BROS				
(Name of the Limited L (A F	iability Company lorida Limited Lia	as it now appea bility Company)	rs on our records,)
The Articles of Organization for this Limited Liab		vere filed on	May 19, 2010	o and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liabili	ty company he	<u>re</u> : ,	
The new name must be distinguishable and end with "L.L.C."	the words "Limite	d Liability Comp	any," the designation	on "LLC" or the abbreviation
Enter new principal offices address, if applical	ole:	11801 W A	Atlantic Bly	vd, # 123
(Principal office address MUST BE A STREET	ADDRESS)	Coral Spr	ings, FL 33	307
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>0X)</u>			E-6 PH 4:3
B. If amending the registered agent and/or registered agent and/or the new registered offi			our records, <u>ent</u>	er the name of the new
Name of New Registered Agent:	місна	EL GORE		,
New Registered Office Address: 11801 W Atlantic Blvd, # 123				123
<u> </u>		E	nter Florida street	address
	Coral Spr		, Florida	33071
		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 amonding 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
MGRM	MICHAEL GORE	11801 W Atlantic Blvd # 123	X Add
		Coral Springs, FL 33071	Remove
MGRM	ULTRA BROS 2010, LLC	2875 NE 191 St, # 201	Add
		Aventura, FL 33180	Remove
			Add
			Remove
			Add
			Remove
			Add Remove
			Add Remove
	•		
D. If amend	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary),	10 J
		و الراب	
		- 17 (mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/mg/m	in g
_		. Cy 	f: 3
	· · · · · · · · · · · · · · · · · · ·	>	<u>.</u>
Dated	June 30 , 201	0 /	
	Signature of a Member	r or authorized representative of a member	
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00