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D. BRUCE

APR 18 2012

**EXAMINER** 

## **COVER LETTER**

TO: Registration Division of C	Section Corporations
SUBJECT:	UNITED TONER LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles	of Amendment and fee(s) are submitted for filing.
Please return all corre	spondence concerning this matter to the following:
	MARTA STEWART
	Name of Person
	M. STEWART AND COMPANY Firm/Company
	Firm/Company
	115 TIM BERLACIEU CIRCLE #1013 Address
	Address
	1 AVE HANY 5, 32746
•	CAICE HANY, Fr. 32746  City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further informatio	n concerning this matter, please call:
MAR	n concerning this matter, please call:  TA STEWART at (407, 323-8332 Property of Person Area Code & Daytime Telephone Number
Nam	e of Person Area Code & Daytime Telephone Number
	r the following amount:
\$25.00 Filing Fee	Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status & Certificate of Status & Certificate Copy  (additional copy is enclosed)  Certificate of Status & Certificate Copy  (additional copy is enclosed)
Reg Divi P.O.	ILING ADDRESS: Istration Section Sion of Corporations Box 6327 Bhassee, FL 32314 Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UNITED TONER	2 LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records ted Liability Company)	<u>r.</u> )	
The Articles of Organization for this Limited Liability Comp	pany were filed on Sept 8, 6	2010 and assigned	
Florida document number <u>L 100000 9 4 5 7</u> 4	•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
<u> </u>	· / A		
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Company," the designati	ion "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	0.2	
		mo te m	
Enter new mailing address, if applicable:	N 1 A	RE 60	
(Mailing address MAY BE A POST OFFICE BOX)		A. S	
B. If amending the registered agent and/or registered	d office address on our records, en	ter the name of the new	
registered agent and/or the new registered office address			
,			
Name of New Registered Agent:	N/A		
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 = Ma	naging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ALI AHMED	LAKE MANY, Fr. 32746	Add Remove
MGR	BERNADE TTE TORRES	783 SONJA C'ACLE DAVENPORT, P. 33897	Add ☐ Remove
	<u> </u>	,	Add Remove
			Add Remove
<u></u> ·	<u> </u>		Add Remove
D. If amendin	g any other information, enter change(s	here: (Attach additional sheets, if necessary.)	Add Remove 12 APA 17 PH 2: 8
  Dated		·	2: \$9 2: \$9
	BERNADET	authorized representative of a member  TE TORRES  printed name of signee	

Page 2 of 2

Filing Fee: \$25.00