# 1100058954

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**EXAMINER** 



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12 JUN 28 PM 3: 55

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UK-us Partner	5. W				
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears ( Liability Company)	on our records.)			
The Articles of Organization for this Limited Liability Compar Florida document number <u>L//0000 5895</u> . 4	ny were filed on	5-18-11	a	and ass	igned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lia	ability company here:				
The new name must be distinguishable and end with the words "Lin"L.L.C."	mited Liability Company	," the designation "	LLC"(	or the a	bbreviation
Enter new principal offices address, if applicable:			<u>Д</u> .,	<u></u>	
(Principal office address MUST BE A STREET ADDRESS)			- C-C-	7	· or name of
			THAT I	7	er enterprise
			SSEY Y	8	and a little of the little of
Enter new mailing address, if applicable:			الح البات	PH	m
			<del>5</del> 5	က္	U
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	<del> </del>	STATE ORIDA	<u>2</u>	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		r records, <u>enter</u>	the na	ame o	f the new
Name of New Registered Agent:			·		<u> </u>
New Registered Office Address:	Enter	· Florida street ad	dress	<del></del>	,. <u>,. ,</u>
		, Fłorida			
	City		Zij	p 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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
n <u>brm</u>	Drup Rumsden	Undernere, FC 34786	Add Remove
<del></del>			Add Remove
			Add Remove
			Add Remove
***************************************			Add Remove
			Add Remove
D. If amendi	ing any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	
			_ _
			<del></del>
Dated		·	_
	Signature of a member	or authorized representative of a member	<del></del>
	/ ) flun Typed	d. Whams or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00

# **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJI	Name of Limited Liability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Name of Person  UK-US Partner UC  Firm/Company  11515 Camden Park Dr  Address  Windernere fr 34786  City/State and Zip Code
	SCWIWAMS, ORLANDO @ GMOIL. (M E-mail address: (to be used for future annual report notification)
For fu	ther information concerning this matter, please call:    Warman
Enclos	ed is a check for the following amount:
<b>□</b> \$25	5.00 Filing Fee \$\ \text{Certificate of Status} \text{Status Fee & Certified Copy (additional copy is enclosed)} \text{Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}

## MAILING ADDRESS:

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