L12000113820

(Re	equestor's Name)			
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C. LEWIS

OCT 1 9 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 10, 2012

SERGIO ROMANACCE / UG BROADBAND, LLC 6706 SPARROWBUSH HILL ORLANDO, FL 32810

SUBJECT: UG BROADBAND, LLC Ref. Number: L12000113820

We have received your document for UG BROADBAND, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

To receive a refund, please submit a signed written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed. You may mail the request to: Division of Corporations, P. O. Box 6327, Tallahassee, FL 32314 or fax it to my attention at 850-245-6030

If you have any further questions concerning your document, please call (850) 245-6051.

Letter Number: 312A00025082

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

COVER LETTER

TO: Registration of Carolyn 850 - 24	Corporations			
SUBJECT;	UG Broadban	d LLC		
	Name of Limite	d Liability Company		
The enclosed Article	s of Amendment and fee(s) are subm	nitted for filing.	•	
Please return all com-	espondence concerning this matter to	o the following:		
	Sergio	Komanaci E	,	
		Name of Person		
	UG Bro	Firm/Company		
			;;	SE 75
	6706 Sec	Address L. FL 33810 City/State and Zip Code	<u> </u>	12 OCT 18
		Address	(A)	3 co. [
	Culou	1. Er 22810		
	<u> </u>	City/State and Zip Code	FLORIO	CT 18 PH PP (TALE
			S	12
	E-mail address: (to	be used for future annual report notified	tion)	
For further information	on concerning this matter, please call	i :		
Serain	Pamanager	m (401 > 5215 - 10	30	
Nan	Romano-cce	Area Code & Daytime 'I	clephone Number	
Enclosed is a check for	or the following amount:			
S25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Statu Certified Copy	
* Fee alree	ady parid.		(additional copy is	enclosed)
Reg Div P.O	AILING ADDRESS: gistration Section ision of Corporations below Box 6327 ahassee, FL 32314	STREET/COURIER Registration Section Division of Corporati Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons or Circle	

FILED STATE SECRETARY OF STATE SECRETARY OF STATE OF AMENDMENTOIVISION OF CORPORATIONS TO

ARTICLES OF ORGANIZATION DET 18 AM 10: 18

UG Broad Band	L L C
(Name of the Limited Liability Compan- (A Florida Limited Li	ability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L 12000113820</u>	were filed on $9-5-12$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here.	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	City Zip Code
New Registered Agent's Signature if changing Registered Agent	City Zip Code

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

MGR = Manager

MGRM = Managing Member

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:

<u>Títle</u>	<u>Name</u>	Address	Type of Action
MGR	Luis A. Gonzalez	812 Hamster Place Kissimmage 434759	P'Add Remove
MGR	Manuel O. Bunzalez	812 Hamster Place R: SSIMMEGEL 34759	Add Remove
			Add Remove
			Add Remove
			Add Remove
	<u></u>		Add Remove
D. If amend	ing any other information, enter change	e(s) here: (Attach väditional sheets, if necessary.)	
		·	SEGRETARY OF CO
Dated	Scholar 18 . Act	or authorized representative of a member	18 AM 10: 18
	SERGIC ROMA	JACCE	· · · · · · · · · · · · · · · · · · ·
	Tuned o	or meinted name of cionas	

Page 2 of 2

Filing Fee: \$25.00