

L12000123839

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

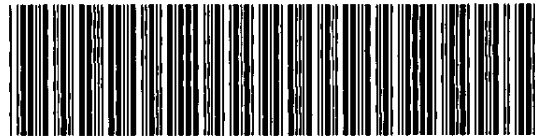
(Document Number)

Certified Copies _____ Certificates of Status _____

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01/25/13--01028--024 **30.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2013 JAN 25 PM 1:53
FOR INFORMATION
TO ADMINISTRATOR
SUFFICIENT OF FILING

FILED
13 JAN 25 PM 2:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: United Riders, LLC
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:

Tom Edwards
Name of Person

Firm/Company

3512 Maclay Blvd., Suite 100
Address

Tallahassee, FL 32312
City/State and Zip Code

tedwards@csifl.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tom Edwards at **(850) 205-2111**
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 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 Status & 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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

United Riders, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on Sept. 27, 2012 and assigned Florida document number L12000123839.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3512 Maclay Blvd.

Suite 100

Tallahassee, FL 32312

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3512 Maclay Blvd.

Suite 100

Tallahassee, FL 32312

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
10 JAN 25 PM 2:00

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:


Name of New Registered Agent: Tom Edwards

New Registered Office Address: 3512 Maclay Blvd., Suite 100
Enter Florida street address

Tallahassee, Florida 32312
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

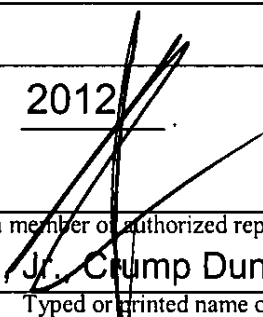
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Crump Dunkeld, LLC	P. O. Box 1454, Tallahassee, FL 32302	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
MGRM	Tom Edwards	3512 Maclay Blvd.	<input checked="" type="checkbox"/> Add
		Suite 100	<input type="checkbox"/> Remove
		Tallahassee, FL 32312	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated December 19, 2012.



Signature of a member or authorized representative of a member
Frederick L. Bateman, Jr., Crump Dunkeld, LLC

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00