

(Red	uestor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	= #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
		,

G. MCLEOD

NOV 3 0 2012

EXAMINER



000241513670

11/13/12--01003--021 **30.00

50%

12 NOV 29 PH 2: 04

COVER LETTER

TO: Registration Section
Division of Corporations

SURIECT:

United Council for Safety and Environmental Services

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:

Sandra L. Barnes

Name of Person

United Council of Safety and Environmental Services

Firm/Company

1930 Stonecrest Court

Address

Orlando, FL 32803

City/State and Zip Code

sbarnes@ucses.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sandra Barnes

407₃765-6176

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 Council for Safety and Environmental Services

(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	10/17/2012	_ and assi	gned
Florida document number L12000132064			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability compan	y here:		
Unified Commission of Safety and Environmental Services "LI	LC"		
The new name must be distinguishable and end with the words "Limited Liability C "L.L.C."	Company," the designation "LL	C" or the al	bbreviation
Enter new principal offices address, if applicable:	<u> </u>	<u>ि रु</u> डे	
(Principal office address MUST BE A STREET ADDRESS)	>- >-	Z NOV	-
	HA.)	emistan.
	SE	<u></u> 0	a Marie mala
Enter new mailing address, if applicable:	المد. ألداً		11
(Mailing address MAY BE A POST OFFICE BOX)	05	<u> </u>	
	Or Services		
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, enter the	e name of	the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street addre	SS	
	, 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 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>	Address	Type of Action	
			Add	
			Remove	
			Add	
			<u></u>	
			Remove	
			 	
			Add	
			Remove	
			.	
			Add	
			Remove	
			Add	
			Remove	
			Add	
			Remove	

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated_	
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Sandra L. Barnes
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00