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J. SAULSBERRY EXAMINER JAN 08 2013

## **COVER LETTER**

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:  Dr. Vicki Rabenou  Name of Person  U14 LLC  Firm/Company  11418 Trotting Down Dr  Address  Odessa FL 33556  City/State and Zip Code  vicki@bio-pioneers.com  E-mail address: (to be used for future annual report notification)	SUBJECT: U14	LLC
Please return all correspondence concerning this matter to the following:  Dr. Vicki Rabenou  Name of Person  U14 LLC  Firm/Company  11418 Trotting Down Dr  Address  Odessa FL 33556  City/State and Zip Code  vicki@bio-pioneers.com	70 DG EC 1.	Name of Limited Liability Company
Please return all correspondence concerning this matter to the following:  Dr. Vicki Rabenou  Name of Person  U14 LLC  Firm/Company  11418 Trotting Down Dr  Address  Odessa FL 33556  City/State and Zip Code  vicki@bio-pioneers.com	The enclosed Articles o	f Amendment and fee(s) are submitted for filing.
Name of Person  U14 LLC  Firm/Company  11418 Trotting Down Dr  Address  Odessa FL 33556  City/State and Zip Code vicki@bio-pioneers.com		· · · · · · · · · · · · · · · · · · ·
Name of Person  U14 LLC  Firm/Company  11418 Trotting Down Dr  Address  Odessa FL 33556  City/State and Zip Code vicki@bio-pioneers.com		
U14 LLC Firm/Company  11418 Trotting Down Dr  Address  Odessa FL 33556  City/State and Zip Code vicki@bio-pioneers.com		Dr. Vicki Rabenou
11418 Trotting Down Dr  Address  Odessa FL 33556  City/State and Zip Code vicki@bio-pioneers.com		Name of Person
11418 Trotting Down Dr  Address  Odessa FL 33556  City/State and Zip Code vicki@bio-pioneers.com		U14 LLC
Odessa FL 33556  City/State and Zip Code vicki@bio-pioneers.com		Firm/Company
Odessa FL 33556  City/State and Zip Code vicki@bio-pioneers.com		11418 Trotting Down Dr
City/State and Zip Code vicki@bio-pioneers.com		Address
vicki@bio-pioneers.com		Odessa FL 33556
		City/State and Zip Code
E-mail address: (to be used for future annual report notification)		
		E-mail address: (to be used for future annual report notification)
	Dr. Vicki R	labenou 813,505-0007

Enclosed is a check for the following amount:

Name of Person

■ \$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:

Area Code & Daytime Telephone Number

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

U14 LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	ay as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company v	were filed on and assigned
Florida document number <u>L 12 0 00 14 720 7</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ility company here:
The new name must be distinguishable and end with the words "Limite" L.L.C."	ted 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:	SSECTION IN THE
(Mailing address MAY BE A POST OFFICE BOX)	8 20 EORIGA
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
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 amending the Managers or Managing Members on our records, <u>enter the title, name, 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
MGMR	Dr. Vicki Rabenou	11418 Trotting Down Dr Odessa FL 3355	6 🖌 Add
			Remove
MGMR	Mr. John Gill	35 OAKLEIGH PARK NORTH LONDON UK N20 9-AM	A Add
·			Remove
		TABLARA	Add T
		SS 8.7	Remove PR PR
			20 Add
			_ Remove
			_ Add
			Remove
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amend	ling any other information, enter change(s) here: (Attach additional sheets, if necess	sary.)
		···
		<del> </del>
	12/29/2012	
	1/	
	Signature of a member or authorized representative of a member	
	Dr. Vicki Rabenou	
	Typed or printed name of signee	
	Page 3 of 3	

Filing Fee: \$25.00