

L13000022258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500252689915

10/21/13--01040--025 \*\*30.00

2013 OCT 31 PM 4:32  
TALLAHASSEE, FLORIDA

B. BOSTICK

NOV - 1 2013

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: UNITED HOME SERVICES 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:

William Ferrante  
Name of Person

UNITED HOME SERVICES LLC  
Firm/Company

4699 N. FEDERAL HIGHWAY  
Address

POMPAHO BEACH FL 33064  
City/State and Zip Code

UNITED97@LIVE.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Ferrante at (954) 790-8340  
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

2013 OCT 31 PM 4:32  
TALLAHASSEE

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

UNITED HEALTH SAVINGS 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 2/12/2013 and assigned  
Florida document number L13000022258

This amendment is submitted to amend the following:

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

UNITED TRANSFER GROUP LLC

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

**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 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:

New Registered Office Address:

4699 N FEDERAL HIGHWAY

Enter Florida street address

POMPAÑO BEACH

City

Florida

33064

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>
MGR	THEODORE FRESSOLA	16 OAK ST. WEEHAWAEN NJ 07086	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	DEAN EVANS	224 NE <del>164th</del> <sup>#303</sup> ST N. MIAMI BEACH FL 33160	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

---

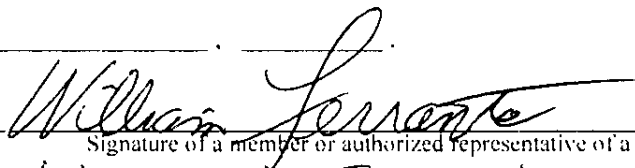
---

---

---

---

Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

William Ferrante

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 OCT 31 PM 4:32  
FALCON STATE COURT



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 22, 2013

WILLIAM FERRANTE  
UNITED HOME SERVICES LLC  
4699 N. FEDERAL HIGHWAY  
POMPANO BEACH, FL 33064

SUBJECT: UNITED HEALTH SAVINGS LLC  
Ref. Number: L13000022258

We have received your document for UNITED HEALTH SAVINGS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L07000103904.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Barbara Bostick  
Regulatory Specialist II

Letter Number: 913A00024679