L13000000391

Office Use Only



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05/28/13--01804--004 **25.00

MAY 2 9 2013 T. HAMPTON

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

United Financial, 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:

Ben Frazier

Name of Person

United Financial, LLC

Firm/Company

8422 Gullege Drive

Address

Jacksonville, FL 32219

City/State and Zip Code

benfrazier985@yahoo.com

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

For further information concerning this matter, please call:

Ben Frazier

{...}904.662-2748

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

(Name of the Limited Linkility Comp		records)
(Name of the Limited Liability Comp (A Florida Limited	Liability Company)	recorus.)
The Articles of Organization for this Limited Liability Companies Florida document number L1300060391.	ny were filed on 04-25-20°	SECRE
This amendment is submitted to amend the following:		FILED TARYOF OF CONPU 28 PM
A. If amending name, enter the new name of the limited lia	ibility company here:	STATE PRATIDI 3: 06
The new name must be distinguishable and end with the words "Lir"L.L.C."	mited Liability Company," the	designation "LLC" or the abbfeviatio
Enter new principal offices address, if applicable:	9250 Cypress Gree	en Drive
(Principal office address MUST BE A STREET ADDRESS)	Ste. 201	
	Jacksonville, FL 32	256
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he Name of New Registered Agent:		ords, <u>enter the name of the nev</u>
New Registered Office Address:		
	Enter Flori	ida 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 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>	Type of Action
MGRM	Josephine Frazier	2610 Ashley Downs Ln	Add
		College Park, GA 3034	9 Remove
	·		Add Remove
			d SECRETAR BIVISION OF FIL 3 PAY 28
			FILEU ARY OF STAIR
			Add Remove
			Add Remove

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
6	ma. 17/2 5017
Dated	May 1 (SOI)
	Signature of a member or authorized representative of a member
	Sey FRAZIER Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

DIVISION OF CORPORATION