

213000163533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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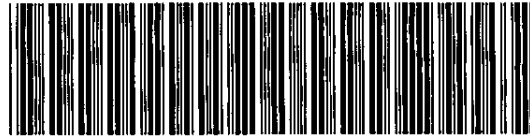
(Business Entity Name)

(Document Number)

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14 JAN -3 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **UNITED GROUP CONTRACTORS 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:

ALEJANDRO J ESTRADA

Name of Person

Firm/Company

3011 SW 119 ST

Address

MIAMI FL 33135

City/State and Zip Code

alexestrada86@gmail.com

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

For further information concerning this matter, please call:

ALEJANDRO JOSE ESTRADA at **786 7593282**

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

14 JUN - 2 PM 05:51
TALLAHASSEE, FLORIDA
RECEIVED

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

UNITED GROUP CONTRACTORS 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 7/22/2013 and assigned
Florida document number L13000103535.

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)

3011 SW 4TH ST

MIAMI FL 33135

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3011 SW 4TH ST

MIAMI FL 33135

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:

ALEJANDRO JOSE ESTRADA

New Registered Office Address:

3011SW 4TH ST

Enter Florida street address

MIAMI

City

Florida 33135

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 605, 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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ALEJANDRO J ESTRADA JR	8884 NW 119 ST	<input type="checkbox"/> Add
		HIALEAH GARDENS FL 33018	<input checked="" type="checkbox"/> Remove
MGR	BRENDA M FERRER	8884 NW 119 ST	<input type="checkbox"/> Add
		HIALEAH GARDENS FL 33018	<input checked="" type="checkbox"/> Remove
MGR	ALEJANDRO JOSE ESTRADA	3011 SW 4TH ST	<input checked="" type="checkbox"/> Add
		MIAMI FL 33135	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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

E. Effective date, if other than the date of filing: _____ **(optional)**

(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))

Dated **12/25**

2013



Signature of a member or authorized representative of a member

ALEJANDRO ESTRADA

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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STATE
TALLAHASSEE, FLORIDA