

L17000127572

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 15 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UNITED COLLEGE ADVOCATES 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:

GEORGE SARAFIANOS

Name of Person

Firm/Company

2001 N FEDERAL HWY STE G-316

Address

POMPANO BEACH, FL 33062

City/State and Zip Code

GS4440 @ AOL.COM

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

For further information concerning this matter, please call:

George E Sarafianos

Name of Person

at (954) 650-0824

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

* PLEASE MAKE NOTE NO OTHER PERSONS OTHER THAN
GEORGE SARAFIANOS HAS PERMISSION TO MAKE CHANGES
TO THIS L.L.C. . SORRY FOR CONFUSION.

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

UNITED COLLEGE ADVOCATES 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 09/09/2013 and assigned
Florida document number L13000127572

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)

2001 N FEDERAL HWY STE G-316
POMPAÑO BEACH, FL 33062

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:

Enter Florida street address

City

, Florida

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.

If Changing Registered Agent, Signature of New Registered Agent

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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>
COO	WILLIAM PARETTY	3350 NW 2ND AVE	<input type="checkbox"/> Add
		STE A6	<input checked="" type="checkbox"/> Remove
		BOCA RATON, FL 33431	
AMBR	WILLIAM PARETTY	3522 NW 114TH TERRACE	<input type="checkbox"/> Add
		CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/> Remove
CEO	WILLIAM PARETTY	3350 NW 2ND AVE	<input type="checkbox"/> Add
		STE A6	<input checked="" type="checkbox"/> Remove
		BOCA RATON, FL 33431	
MGR	JOHN D'ONOFRIO	2001 NORTH FEDERAL HWY	<input checked="" type="checkbox"/> Add
		STE G-316	<input checked="" type="checkbox"/> Remove
		POMPANO BEACH, FL 33062	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove

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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)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated Oct 9th 2014, _____.

George E Sarafianos
Signature of a member or authorized representative of a member

GEORGE SARAFIANOS

Typed or printed name of signee

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Filing Fee: \$25.00

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