140000 74M3

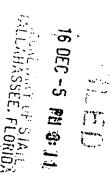
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	···

Office Use Only



500292131755

12/05/16--01025--011 **25.00



DEC 0 7 2016 Y SULKER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Union 2	LLC	·
	Name of Limi	ted Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub-	nitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Chris E	Name of Person	
	A	Name of Person	
	Union 2	LLC	
		Firm/Company	
	1520 BA	adway Suite 10)
		Address	
	FT MYERS.	FL 3390 City/State and Zip Code	
	Chris@ The SA	ANDAROFT MYERS, COM	<u> </u>
	E-mail address: (1	o be used for future annual report notif	ication)
For further information	concerning this matter, please ca	il:	
Chris Blau	velt	at (239) 910~8	433
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	_	□ #66.00 PW P 0	□ ¢<0.00 €!!! ₽
\$23.00 Filing ree	□ \$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

TO ARTICLES OF ORGANIZATION OF

UNION	12 LLC				
		y as it now appears on o iability Company)	ur records.)		
The Articles of Organization for this Limited Liab Florida document number <u>L</u> 14000074	oility Company v	were filed on	29/16	and as	signed
This amendment is submitted to amend the follow	/ing:	•			
A. If amending name, enter the new name of t	he limited liabi	lity company here:			
The new name must be distinguishable and contain the wor	ds "Limited Liabili				
Enter new principal offices address, if applicat	ole:	1520 Bro	Adway	Svite 1	01
(Principal office address MUST BE A STREET	ADDRESS)	FY MYEN	es FI	33901	
Enter new mailing address, if applicable:				<u> </u>	
(Mailing address MAY BE A POST OFFICE BO	<u> 2X)</u>			5 6	
B. If amending the registered agent and/or	registered off	fice address on our	records ent	SS J	of the new
registered agent and/or the new registered office			records, <u>ent</u>	C es	Comment of the state of the sta
Name of New Registered Agent:		hris Blauve.		RANGE L	
New Registered Office Address:	1520	Brondway Enter Florida str	Svi4e eet address	101	
	ET MYE		, Florida	7390/ 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.

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Douglas Blauvet	1520 Brandway Suite 121	□ Add
		1520 Bradway Suite 121 F4 MYERS F1 73901	Remove
			Change
			Add
			Remove
			☐ Change
	1 <u></u>	· 	Add
			Remove
		SSEE.	Add
		FLORIDA	Remove
			Change
			🗆 Add
			☐ Remove
			Change
			□ Add
			□ Remove
			Change

Tree stine date to the whole the date of filling	
C. Effective date, if other than the date of filing:	07 (3)(b
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a	is the
document's effective date on the Department of State's records.	
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier b) The 90th day after the record is filed.	of:
b) The 90th day after the record is filed.	51.
Dated	
' /) Ø	
Signature of a member or authorized representative of a member	
(/2 - 2/ 10	
_ CANS Blauvely	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00