

L14000101067

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H16000144383 3)))



H16000144383ABC/

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To:

Division of Corporations
Fax Number : (850) 617-6383

☐ Emailed ☒ Faxed ☐ Called
Date 06/13 Time 4:20P

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (800) 293-4075

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: mlee8996@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ENTREPOWER HOLDINGS LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$30.00

K. SALY
EXAMINER

JUN 23

Hubco Mail - Fax sent OK: ENTREPOWER HOLDINGS LLC - fl ... <https://mail.google.com/mail/u/0/?ui=2&ik=d782b9f149&view=pt&...>



Hubco Customer Service <filings@hubco1.com>

Fax sent OK: ENTREPOWER HOLDINGS LLC - fl amend to #8506176383

1 message

OrcaFax2 <no-reply-fax@whalebacksystems.com>
To: "filings@hubco1.com" <filings@hubco1.com>

Mon, Jun 13, 2016 at 4:27 PM

Your fax was successfully sent to the recipient.

Subject: ENTREPOWER HOLDINGS LLC - fl amend
To:
Fax #: 8506176383
Pages Sent: 004
Remote fax ID: 850-617-6381

Queued at: 16:25:44 06/13/2016
Transmitted at: 06/13/16 16:26

Attempts: 0
Error code: ok (0000/All Pages Ok)

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-Whaleback Fax Support

----- Tracking data -----

Support data:
8506176383 - fax number dialed
1897 - JobID
0 - # of attempts
Normal - tx priority
16:26 - tx attempt time
06/13/16 - tx attempt date
004 - # of pages tx
0000 - error code #
ok - error code test
14400 - fax tx rate
H - fax tx resolution; High (H) or Low (L)
0092 - phone connection time
850-617-6381 - remote CSI
00 - # of retries
07 - fax port
0 - server # that transmitted the fax
BOS-FAX02 - server that transmitted the fax
- sender name on cover page
Hubco Customer Service - fax sender stamp
Hubco - fax sender company

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

ENTREPOWER HOLDINGS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

H16000144383

FILED
2016 JUN 13 AM 9:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/24/2014 and assigned
Florida document number L14000101067.

This amendment is submitted to amend the following:

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

UNION SQUARE CAPITAL PARTNERS, LLC

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:

n/a

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

n/a

(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:

n/a

New Registered Office Address:

Enter Florida street address

City

Florida

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

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:

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
N/A	N/A	N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

n/a

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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 MAY 31ST , 2016



Signature of a member or authorized representative of a member

MICHAEL H LEE

Typed or printed name of signee

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TALLAHASSEE, FLORIDA