L15000070536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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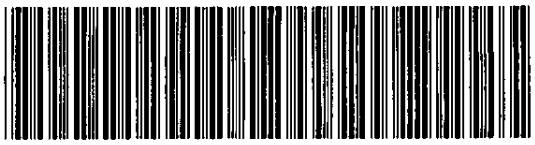

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05/05/16--01003--002 **30.00

MAY 05 2016
J. HARRIS

RECEIVED
DEPARTMENT OF STATE
16 MAY -4 PM 3:55
FILED
16 MAY -4 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: UBL Home Improvement & General Construction 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:

UBAKA LAWRENCE
Name of Person

UBL Home Improvement & General Construction LLC
Firm/Company

508 S 9TH St
Address

Lantana florida 33462
City/State and Zip Code

UBLremodeler@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lawrence at (561) 444 5582
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

Ubaka Lawrence

508 S 9th Street, Lantana Florida, 33462 | (561) 4445882 | bklwrnc@yahoo.com

April 15, 2016

Florida Department of State
Division of Corporations
Mailing: PO BOX 6327, Tallahassee, FL 32314
Physical: 2661 Executive Center Circle, Tallahassee, FL 32301
Phone: (850) 245-6051
Email: corphelp@dos.state.fl.us
Website: http://www.sunbiz.org

Dear sir/Mdm:

Pls find the attached Filling amendment and filling fees included and also my return address written above for your convenience.

Sincerely,

Lawrence

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

UBL Home Improvement & General Construction 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 4/15/2016 and assigned Florida document number L15000070536

This amendment is submitted to amend the following:

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

UBL Home Improvement L.L.C.
The new name must be distinguishable and contain 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)

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

508 South 9th Street
Lantana Florida 33462

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

_____, **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 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.

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TALLAHASSEE, FLORIDA

_____
If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Add
			☐ Remove
			☐ Change

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TALLAHASSEE, FLORIDA

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 prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 4/15/2016

Signature of a member or authorized representative of a member

Typed or printed name of signee

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TALLAHASSEE FLORIDA

Filing Fee: $25.00