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FILED 2015 SEP 10 P 1: 35 SECRETARY OF STAIR

D. BRUCE

## **COVER LETTER**

SUBJECT: United Manu facturing Services, LLC Name of Limited Limited Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mane of Person  United Manufacturing Services, UC  Firm/Company
• •
$\rho$ . 0. $\beta$ 0 $\chi$ 3.70  Address
Oneco Florida 34764  City/State and Zip Code  rodney cole 01 @ Vahoo. com  E-mail address: (to be used for future annual report notification)  Rodney Cole  at (941) 224-1692
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Name of Person  at (941) 224-1692   Name of Person  Area Code Daytime Telephone Number of Person
Name of Person Area Code Daytime Telephone Number 🗸
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status  Certificate of Status  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

TO:

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

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

Un, ted Manu fa (Name of the Limited Liab) (A Flori	Cturing Services, LLC  lity Company as it now appears on our records.)  da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on July 13, 7015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Li	mited 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 ADD	ORESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our records, enter the name of the new dress here:
	2015 ALL
Name of New Registered Agent:	AHE SEP
New Registered Office Address:	SSEY SSEY
	Enter Florida street address
	, Florida = ==================================
	City Sp 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 Authorized Person(s) authorized to manage	, enter the title.	, name, and	address of ea	ich person	being added
or removed from our records:					

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Rodney Cole	12532 Grass Farm Rd	Add
		12532 Grass Farm Rd Palmetto, FL 34221	Remove
			Change
			Add
			Remove
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			Add
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	Signature of a memb	And Manual er or authorized represen	M. ative of a member		····

Page 3 of 3

Filing Fee: \$25.00