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(City/State/Zip/Phone #)

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15 MAY 26 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 31 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Unger Brothers 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:

Michael Unger
Name of Person
Unger Brothers Construction, LLC
Firm/Company
13605 Whitby Rd
Address
Hudson, FL 34667
City/State and Zip Code
mikeunger86@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Unger at 727 484-8867
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

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

Unger Brothers 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 2/5/16 and assigned Florida document number L16000025116

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 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**)

13605 Whitby Rd
Hudson, FL 34667

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

13605 Whitby Rd
Hudson, FL 34667

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:

13605 Whitby Rd

Enter Florida street address

Hudson

City

, Florida

34667

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

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CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF FLORIDA

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AP	Robert J. Unger	4452 Lindsey Loop	<input type="checkbox"/> Add
		Dover, Fl 33527	<input checked="" type="checkbox"/> Remove All
			<input type="checkbox"/> Change
AMBR	Michael Unger	13605 Whitby Rd	<input type="checkbox"/> Add
		Hudson, Fl 34667	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change Title and address
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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(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)

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 May 23, 2016.

Signature _____

Signature of a member or authorized representative of a member

Michael Unger

Typed or printed name of signee

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16 MAY 26 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA