

L16000173582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 NOV -4 PM 4:29

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K. SALY
NOV - 4 2016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 31, 2016

UNITED SOFTWARE SOLUTIONS LLC
JAMES R HUNTER III
3591 S FEDERAL HWY, UNIT B
BOYNTON BEACH, FL 33435

SUBJECT: UNITED SOFTWARE SOLUTIONS LLC
Ref. Number: L16000173582

We have received your document for UNITED SOFTWARE SOLUTIONS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted is incomplete. Enclosed is the missing page for your convenience. Please fill in the hi-lited areas and return to our office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 616A00023353

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: United Software Solutions 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:

James Hunter

Name of Person

United Software Solutions LLC

Firm/Company

3591 S. Federal Highway Unit b

Address

Boynton Beach, Florida, 33435

City/State and Zip Code

jhunter6687@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Hunter

at (561) 322-9511

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**

United Software Solutions LLC.

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 9/16/2016 and assigned
Florida document number L16000173582.

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)

Enter new mailing address, if applicable:

(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:

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.

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	John Cortese	1310 NE 3rd Ave	<input type="checkbox"/> Add
		Delray Beach, Florida, 33444	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Scott W Terraforte	1310 NE 3rd Ave.	<input type="checkbox"/> Add
		Delray Beach, Florida, 33444	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Miles L Blatstein	701 South Swinton Ave.	<input type="checkbox"/> Add
		Delray Beach, Florida, 33344	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Somporn Barteau	2641 N Flamingo Rd	<input checked="" type="checkbox"/> Add
		Suite 1007 N	<input type="checkbox"/> Remove
		Sunrise, Florida, 33323	<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

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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.

Dated November 4th, 2016

James Russell Hunter III

Filing Fee: \$25.00