

L1600073582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

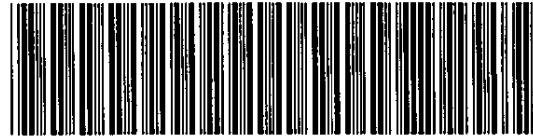
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

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DEC 07 2016

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 Hwy Unit B
Address

Boynton Beach, FL 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:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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)

The Articles of Organization for this Limited Liability Company were filed on 9/19/16 and assigned Florida document number L1600073582.

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)

1300 NW 17th Ave, Suite 145
Delray Beach, FL
33445

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

DIVISION OF CORPORATE & FINANCIAL SERVICES

16 DEC 15 PM 3:08

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	Devon Barteau	3591 S- Federal Hwy ^{Unit B}	<input checked="" type="checkbox"/> Add
		Boynton Beach, FL	<input type="checkbox"/> Remove
		33435	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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16 DEC 5 P: 1:00
DIVISION 001
Remove
Change
Add
Remove

FILED

16 DEC -5 PM 4:09
DIVISION OF GENERAL INVESTIGATIONS

16 DEC -5 PM 4: 09
DIVISION OF GENERAL INVESTIGATION

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11/9/16

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

~~11/10, 16~~ 11/10, 16

Signature of a member or authorized representative of a member

James Hunter
Typed or printed name of signatory

Typed or printed name of signee