# 4800038917

(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:

Office Use Only



200317639962

09/12/18--01009--006 \*\*25.00

18 SEP 12 FN 3:30

## **COVER LETTER**

	gistration Se vision of Cor					
SUBJECT:		CQUISITIONS GROUP LLC	;			
Name of Limited Liability Company						
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspo	ndence concerning this matter	to the following:			
		MARIE B. CODE, ESQ.				
			Name of Person			
		MARIE B. CODE, ESQ.,	P.L.			
		<del>-</del>	Firm/Company			
		1308 SW 27TH TERRAC	CE			
			Address			
		CAPE CORAL, FLORIDA	A 33914			
		MARIE@MARIEESQUIR	City/State and Zip Code E.COM			
		E-mail address: (t	to be used for future annual report notifi	cation)		
For further in	nformation co	oncerning this matter, please ca	dl:			
MARIE B. (			239 829-0063 at ()			
	Name of	Person	Area Code Daytime	Telephone Number		
Enclosed is a	a check for th	e following amount:				
<b>■</b> \$25.00 F	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 ACQUISITIONS GROUP LLC

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

(A Florida Limited I	Slaothty Company)					
The Articles of Organization for this Limited Liability Company Florida document number L18000038917	were filed on FEBRUARY 12, 2018 and assigned					
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:						
Enter new principal offices address, if applicable:	- S T					
(Principal office address MUST BE A STREET ADDRESS)						
Enter new mailing address, if applicable:	بن بن <u>بن</u> بن					
(Mailing address MAY BE A POST OFFICE BOX)						
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address					
	, Florida					
N. B. J.	Ση coue					

#### 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>	Type of Action
AMBR	BEAR BULL CONSULTANTS LLC	382 NE 191ST ST, #67475	
<del></del>		MIAMI, FLORIDA 33179	
		MIAMI, I EURIDA 33178	Remove
			A Kemove
			□ Change
			Add
			☐ Remove
			Change
			Add
-			SP SP
			SEP TI Premove
			2 Page Change
			D Add
			Remove
			Change
			☐ Remove
			Change
			□ Remove
			☐ Change

	FR ST
	- R
	ب چین پ
	<b>製作 38</b>
ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing te: If the date inserted in this block does not meet the applicable statutory tument's effective date on the Department of State's records.	(optional) or more than 90 days after filing.) Pursuant to 605.020 filing requirements, this date will not be listed a
record specifies a delayed effective date, but not an effectine 90th day after the record is filed.	ve time, at 12:01 a.m. on the earlier o
SEPTEMBER 6 , 2018	
Signature of a member or authorized represent	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00