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2013 JAN 11 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan JAN 14 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UNIVERSAL MAP GROUP, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William J. Bonner, Jr.

Name of Person

Spartan Organization Inc.

Firm/Company

P.O. Box 736

Address

Fort Washington, PA 19034

City/State and Zip Code

wbonner@spartanorg.com

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

For further information concerning this matter, please call:

William J. Bonner

Name of Person

at (215) 643-5800

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|---|---|--|--|

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: Universal Map Group, LLC

2. Jurisdiction of its organization: Pennsylvania

3. Date authorized to do business in Florida: 11/26/2007

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 01/19/2011

5. New name of the limited liability company: Kappa Map Group, LLC
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration:

NOT APPLICABLE

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

NOT APPLICABLE

8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: NOT APPLICABLE

9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of a member or the authorized representative of a member

William J. Bonner, Jr.

Typed or printed name of signer

Filing Fee: \$25.00

FILED
2013 JAN 11 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

DECEMBER 17, 2012

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

KAPPA MAP GROUP, LLC

I, Carol Aichele, Secretary of the Commonwealth of Pennsylvania

**do hereby certify that the foregoing and annexed is a true and correct
copy of**

LIMITED LIABILITY AMENDMENT filed on January 19, 2011

which appear of record in this department.



**IN TESTIMONY WHEREOF, I have
hereunto set my hand and caused
the Seal of the Secretary's Office to
be affixed, the day and year above
written.**

Carol Aichele

Secretary of the Commonwealth

PENNSYLVANIA DEPARTMENT OF STATE
CORPORATION BUREAU

Certificate of Amendment-Domestic
(15 Pa.C.S.)

- ☐ Limited Partnership (§ 8512)
☒ Limited Liability Company (§ 8951)

Name David A. Abrams, Esquire		
Address 40 Skippack Pike		
City Fort Washington	State PA	Zip Code 19034

Document will be returned to the
name and address you enter to
the left.
←

Commonwealth of Pennsylvania
LIMITED LIABILITY AMENDMENT 5 Page(s)

Fee: \$70



In compliance with the requirements of the applicable provisions (relating to certificate of amendment), the undersigned, desiring to amend its Certificate of Limited Partnership/Organization, hereby certifies that:

1. The name of the limited partnership/limited liability company is:
Universal Map Group, LLC

2. The date of filing of the original Certificate of Limited Partnership/Organization: 10/25/07

3. Check, and if appropriate complete, one of the following:

☐ The amendment adopted by the limited partnership/limited liability company, set forth in full, is as follows:

☒ The amendment adopted by the limited partnership/limited liability company is set forth in full in Exhibit A attached hereto and made a part hereof.

4. Check, and if appropriate complete, one of the following:

☒ The amendment shall be effective upon filing this Certificate of Amendment in the Department of State.

☐ The amendment shall be effective on: _____ at _____
Date Hour

5. Check if the amendment restates the Certificate of Limited Partnership/Organization:

- ☐ The restated Certificate of Limited Partnership/Organization supersedes the original Certificate of Limited Partnership/Organization and all previous amendments thereto.

IN TESTIMONY WHEREOF, the undersigned limited partnership/limited liability company has caused this Certificate of Amendment to be executed this

1st day of January, 2011.

Universal Map Group, LLC

Name of Limited Partnership/Limited Liability Company



Signature

Vice President

Title

EXHIBIT A

"1: The name of the limited liability company (hereinafter called the "limited liability company") is changed to:

KAPPA MAP GROUP, LLC"