## P13 6000 97838

(Requ	estor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Docu	ment Number)	
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## **COVER LETTER**

NAME OF CORPORATION: UCBM Commercial, Inc DOCUMENT NUMBER: P13000097838 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Sam Son Name of Contact Person Unicare Building Maintenance, Inc. Firm/ Company 11148 Morrison Lane Address Dallas, TX 75229 City/ State and Zip Code sson@unicaremaintenance.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sam Son

Enclosed is a check for the following amount made payable to the Florida Department of State:

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TO: Amendment Section

Division of Corporations

■\$43.75 Filing Fee & Certificate of Status

\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)

□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)

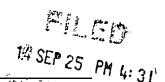
**Mailing Address** 

Name of Contact Person

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment to Articles of Incorporation of



## UCBM Commercial, Inc

(Name of Corporation as currently filed with the Florida Dept. of State)

P13000097838

(Document Number of Corporation (if known)

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

N/A  ame must be distinguishable and contain the word "corpe Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.,"	
corp., Inc., or Co., or the designation Corp, Inc. ord "chartered," "professional association," or the abbrevia	
. Enter new principal office address, if applicable:	703 Lakeside Drive
rincipal office address <u>MUST BE A STREET ADDRESS</u> )	Seffner, FL 33584
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	703 Lakeside Drive
	Seffner, FL 33584
new registered agent and/or the new registered office ad  Name of New Registered Agent	
Name of New Registered Agent	
Name of New Registered Agent  (Flor New Registered Office Address:	ldress:

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT John	Doe					
X Remove	<u>V</u> <u>Mike</u>	<u>V</u> <u>Mike Jones</u>					
X Add	SV Sally Smith						
Type of Action (Check One)	<u>Title</u>	Name	Address				
1) Change	CEO	Sam Son	703 Lakeside Drive				
Add			Seffner, FL 33584				
Remove							
2) Change	CEO	Gortot FrankP, Jr	703 Lakeside Drive				
Add			Seffner, FL 33584				
Remove							
3) Change							
Add							
Remove							
4) Change	***************************************						
Add							
Remove							
5) Change							
Add							
Remove							
6) Change		<u></u>					
Add							
Remove							

(Attach addi	g or adding additi tional sheets, if ne	cessarv).	(Be specific)				
(: Kidon adai	nonai sneem, ij ne	robbut yy.	(De specific)				
						<u>-</u>	
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•							
If an amena	dment provides fo	r an eycha	nge, reclassif	ication, or cai	relistion of i	ssued shares.	
provisions	for implementing	the amend	lment if not o	ontained in t	ie amendmen	t itself:	
(if not	applicable, indica	te N/A)	inche il not c	Ontwined in the		1100111	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
/A							
					•		
		_					

The date of each amendment(s) adoption: 09/19/2014	, if other than the
date this document was signed.	
Effective date if applicable: 07/01/2014	
(no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 09/19/2014	
Dated	
Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Sam Son	
(Typed or printed name of person signing)	_
CEO	
(Title of person signing)	_