LOL 0000 39478

(Da	equestor's Name)	
(Ne	squestors Name)	
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PICK-UP	☐ WAIT	MAIL
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(Bt	usiness Entity Name	e)
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(Do	ocument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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KENT RUNNELLS, P:A.* ATTORNEY AT LAW

531 MAIN STREET, SUITE F SAFETY HARBOR, FL 34695 VOICE (727) 726-2728 • FAX (727) 231-0697

April 29, 2015

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

RE: Articles of Amendment - Amending Name - Universal Plaza Center, LLC

Dear Sir/Madam:

Please find enclosed the Articles of Amendment regarding the above-referenced entity. Also enclosed, check number 7589 in the amount of \$25.00 to cover the cost of the filing fee.

If you have any questions, or require additional information, please call.

Sincerely yours,

Mary Manestar

Assistant to Kent B. Runnells

/mm

Enclosures

COVER LETTER

Div	ision of Corp	porations	•	
SUBJECT:	Universal Pl	laza Center, LLC		
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Kent Runnells		·
			Name of Person	*************************************
		Kent Runnells, P.A.		
			Firm/Company	
		531 Main Street, Suite F		
			Address	
		Safety Harbor, FL 34695		
			City/State and Zip Code	
		krpalaw@tampabay.rr.com		
			to be used for future annual report notifi	cation)
For further in	iformation co	oncerning this matter, please ca	all:	
Kent Runnel	ls		727 726-2728 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	iling 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:

TO:

Registration Section

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

Universal Plaza Center, LLC			
(<u>Name of the Limite</u>	I Liability Company as it now appear. A Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Lia			and assigned
Florida document number L06000059478	•		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	the limited liability company he	<u>re</u> :	
Cougar Investment Management, LLC			
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the de	esignation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:		
(Principal office address MUST BE A STREET			
			•
Enter new mailing address, if applicable:			
• • • • • • • • • • • • • • • • • • • •			<u></u>
(Mailing address MAY BE A POST OFFICE B	<u> </u>		
	<u></u>		<u>الله</u> الله الله
D If amonding the projectional around and/o			58 3
B. If amending the registered agent and/or registered agent and/or the new registered offi		our records,	enter-the name of the nev
			SS 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Name of New Registered Agent:			P P
Name of New Registered Agent.			
New Registered Office Address:			97 5
	Enter Flori	ida street address	Ser Su
		, Flori	
	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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			□ Add
			□ Remove
			Change
			□ Add
		<u> </u>	□ Remove
			☐ Change
			☐ Remove
			Change
			□ Add
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			□ Remove
			☐ Change

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ffective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to ote: If the date inserted in this block does not meet the applicable.	odate of filing or more than 90 days after filing.) Pursuant to 605.02 ble statutory filing requirements, this date will not be listed
ocument's effective date on the Department of State's records.	
e record specifies a delayed effective date, but not The 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earlier
ated <i>April</i> 28, 2019	2.

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00