

L09000102164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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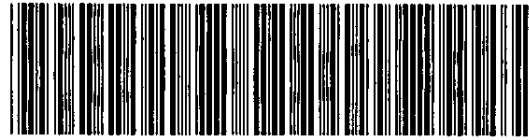
(Business Entity Name)

(Document Number)

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DEC 16 2014  
J. HARRIS

*Law Offices*  
**SOLOMON & MAGED, P.C.**

*Steven A. Solomon, MD & DC*  
*David M. Maged, MD & DC*  
*Marie B. Daugherty, MD*  
*Yari R. Solomon, MD*

One Metro Square, Suite 1505  
51 Monroe Street  
Rockville, Maryland 20850  
(301) 424-5400

*Facsimile*  
(301) 424-6896

December 10, 2014

VIA OVERNIGHT MAIL

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

RE: Document: Articles of Amendment for UMOS SI Condos, LLC  
Florida ID: L09000102164

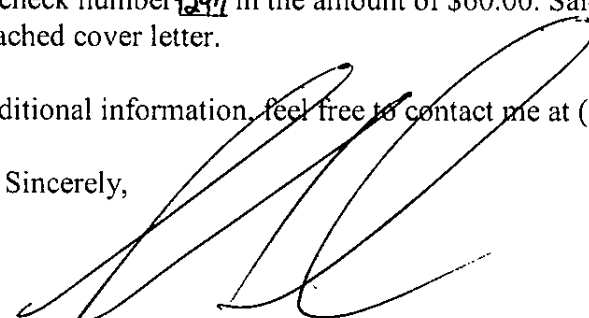
Dear Sir or Madam:

Enclosed please find an original and one copy of Articles of Amendment for UMOS SI Condos, LLC. Please use the copy to provide a certified copy and return to me in the enclosed Federal Express Package.

I have also enclosed check number ~~9297~~ 4297 in the amount of \$60.00. Said amount represents the filing fee set forth on the attached cover letter.

If you require any additional information, feel free to contact me at (301) 424-5400.

Sincerely,



Steven A. Solomon, Esquire

Enclosure: Check 4297  
Articles of Amendment

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: UMOS SI Condos, 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:

Steven A. Solomon

\_\_\_\_\_  
Name of Person

Solomon & Maged, PC

\_\_\_\_\_  
Firm/Company

51 Monroe Street, Suite 1505

\_\_\_\_\_  
Address

Rockville, MD 20850

\_\_\_\_\_  
City/State and Zip Code

ssolomon@pinnacletitle.com

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

For further information concerning this matter, please call:

Steven Solomon

at ( 301 ) 424 5400

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 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**

UMOS SI Condos, 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 October 22, 2009 and assigned Florida document number L09000102164.

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 end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
6710 A Rockledge Drive  
Suite 420  
Bethesda, MD 20817

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**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:** *N/A*

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

New Registered Agent's Signature, if changing Registered Agent: *N/A*

*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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

N/A

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Article V(i) of the Articles shall be deleted in it entirety and replaced

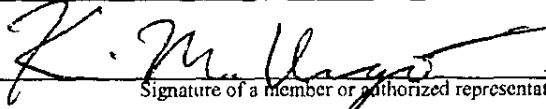
with language as follows:

(i) to manage condominium units and the hotel located at 3800 Ocean Drive  
Palm Beach, Florida and and for any other purpose permitted by law.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated December 10, 2014



Signature of a member or authorized representative of a member

Kevin Urgo, manager Donald J. Urgo and Associates, LLC & DJU Hotels SI, LLC

Typed or printed name of signee