

L13000001279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

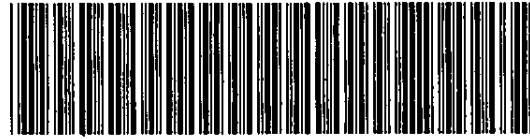
(Business Entity Name)

(Document Number)

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2013 SEP 23 AM 11:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK  
SEP 24 2013  
EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: VRI DMV Realty 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:

DAKSHA VAKHARIA  
Name of Person

-  
Firm/Company

1073 Willa Springs Dr, Unit 1045  
Address

Winter Springs, FL 32708  
City/State and Zip Code

ccim@dashavakharla.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daksha Vakharla at (407) 733 2696  
Name of Person Area Code & Daytime Telephone Number

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RECEIVED  
TALLAHASSEE, FL

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**

URI FLORIDA DMV Realty 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 01-03-2013 and assigned Florida document number L13000001279

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)**

1073 Willa Springs Dr  
Unit 1045  
Winter Springs, FL 32708

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

1073 Willa Springs Dr  
Unit 1045  
Winter Springs, FL 32708

**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:**

Name of New Registered Agent:

NA

New Registered Office Address:

—

Enter Florida street address

—, Florida

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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing 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
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2018 SEP 23 AM 11:44  
 ALL INFORMATION CONTAINED  
 HEREIN IS UNCLASSIFIED  
 DATE 09-23-2018 BY 60322 UCBAW

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

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Dated Sept-20, 2013, \_\_\_\_\_.

*Daksha Vakharia*

Signature of a member or authorized representative of a member

**DAKSHA VAKHARIA**

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 SEP 23 AM 11:44  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA