## Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GILMAN CIOCIA INC.

Account Number : 120120000051 Phone : (305)937-7773

Fax Number : (815)301-2897

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN UPPER BUENA VISTA MANAGEMENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	10
Estimated Charge	\$25.00

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UPPER BUENA VISTA MANAGEME	NT LLC	
(Name of the Limited L. (A F	ability Company as it now appears on our lorda Limited Liability Company)	records.)
The Articles of Organization for this Limited Liabili Florida document number 1.15000090071		and assigned
This amendment is submitted to amend the following	ıg:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	"I imited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable		
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
		***************************************
B. If amending the registered agent and/or registered affice address h	itered office address on our records, erc:	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	t adiress
_		, Florida
<del>-</del>	Сиу	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.

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

R = Ma BR = Au	thorized aremose	Address	Type of Action
<u>le</u>	Name	3301 NE IST AVE APT 2403	<b>⊠</b> Add
jr 	SADEH, NITZAN	MIAMI FL 33137	
	-		E)Change
AMBR DUBY AVJV, MICHAL	DUBY AVIV. MICHAL	3301 NE 1ST AVE APT 2403	
		MIAMI FL 33137	
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). If smc	nding any other information, enter change(s) here: estuach outhrional sheets, if necessary i
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May 4	
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F - Filecti	ve date, if other than the date of filing:
11fmeeti. <u>Note</u> :	when doe is listed, the date must be specific and council be private amound filing or more than 90 days after trong 1 Pursuant to 605,0207 (3); If the date inserted in this block does not meet the upplicable statutory filing requirements, this date will not be listed as the out's effective date on the Department of State's reports.
If the recerci	I specifies a delayed effective date, but not an effective first, at 12.01 a.m. on the earlier of 16). The 90th day after the di-
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