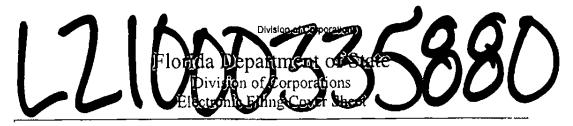
8/2/2021



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000292593 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

2:89
£
AUG -2
021 A

FLORID.	Fr
HASSEE	

mo:

To:

Account Name

Fax Number

Phone

: ALLSTATE CORPORATE SERVICES CORP Account Number : I20040000031

Division of Corporations

: (800)906-9220 : (800)906-9880

: (850)617-6383

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

Fmail.	Address:				

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LINCOLN OAK LLC

DITTO ET GIAL EST			
Certificate of Status	1		
Certified Copy	0		
Page Count	04		
Estimated Charge	\$30.00		

'AUG 3 2021

S. PRATHER

Electronic Filing Menu

Corporate Filing Menu

Help

(((H21000292593 3)))

COVER LETTER

		istration Sec sion of Corp			
SUBJE	~r.	LINCOLN (
SUBJEC	. l i		Name of Limi	ited Liability Company	_
The enck	osed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Plcase re	turn	all correspon	dence concerning this matter	to the following:	
			STEVEN WEISS		
				Name of Person	_
			ALLSTATE CORPORAT	E SERVICES CORP.	
				Firm/Company	_
			2215 Hendrickson Street, 5	Suite 1	
				Address	_
			Brooklyn, NY 11234		
				City/State and Zip Code	
			FILING@ACS123.COM E-mail address: (to be used for future annual report notification)	•
For furth	ner ir	oformation co	oncerning this matter, please ca		
SAL AH	вис	ASIS		800 906-9220at ()	
_		Name of	Person	Arca Code Daytime Telephone Num	ber
Enclosed	d is a	check for th	e following amount:		
□ \$25.	.00 1	filing fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certif (additional copy is enclosed) Certif) Filing Fee, ficate of Status & fied Copy anal copy is caclosed)
	Rep Div P.C	iling Address gistration S vision of Co D. Box 632 lahassee, F	Section orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite Tallahassee, FL 32303	e 810

(((H21000292593 3)))

LINCOLN OAK LLC

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

(Name of the Limite	id Liability Company му it now appears on our reco. (A Florida Limited Liability Company)	rds.)
The Articles of Organization for this Limited Lie Florida document number L21000335880	ability Company were filed on 07/23/2021	and assigned
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
United Oaks LLC		
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applies	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE)	BOX)	
B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office address on our records, <u>ente</u> s here:	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florido street addi	ress
	, 1	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 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.

(((H21000292593 3)))
If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MCR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
			□∧dd
			Remove
			Change
		<u> </u>	□Add
			□Remove
			□Change
			□Λdd
			□Remove
			Change
			①Add
			□Remove
			□ Change
			□Add
			DRemove
			[]Change
			DbA⊡
			□Remove
			l"lChange

(((H21000292593 3)))

		<u> </u>		<u> </u>		
			·····			
	<u></u>		······································			
				···-		
					_	
	· · · · · · · · · · · · · · · · · · ·					
		· · · · · ·		<u> </u>		
<u> </u>	<u>. </u>					
		<u>-</u>				
<u></u>					<u> </u>	
ffective date, if other than the dime ffective date is listed, the date must be				(option	ing.) Pursuant to 605.	0207 (3)
tote: If the date inserted in this blocournent's effective date on the Dep	k does not men partment of Stal	et the applicable ic's records.	e statutory tiling i	equirements, this a	ate will not be liste	น สร นเเ
record specifies a delayed effective l is filed.	date, but not ar	effective time.	, at 12:01 a.m. on	the earlier of: (b)	The 90th day after	
AUGUST 2		2021				, 202
ated	,		•		}****	2021 AUS -2
	1 WE155				00 P	_1 C.
S	ignature of a me	mber or authorize	ed representative of	a member	in c	
					771 '	
STEVEN WEISS					<u>ක</u> -	, vi