

L11000128319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

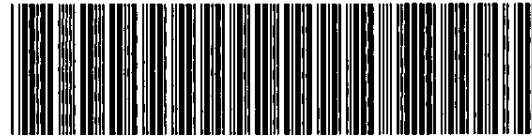
(Business Entity Name)

(Document Number)

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SECURITY STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

JAN 18 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Urisha Holdings, L:LC
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:

Neil M. Meyer

Name of Person

Meyer & Njus, P.A.

Firm/Company

200 South Sixth Street, Suite 1100

Address

Minneapolis, Minnesota 55402

City/State and Zip Code

irene@dorvidor.com

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

For further information concerning this matter, please call:

Neil M. Meyer

Name of Person

at (612)

630-3232

Area Code & Daytime Telephone Number

RECEIVED
12 JAN 17 PM 4:45
TALLAHASSEE, FLORIDA

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**

Urisha Holdings, 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 November 10, 2011 and assigned
Florida document number L11000128319.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

not applicable

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:

not applicable

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

Urisha Holdings, LLC

(Mailing address MAY BE A POST OFFICE BOX)

25 Southeast Second Avenue, #1000

Miami, Florida 33131

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:

not applicable

New Registered Office Address:

not applicable

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

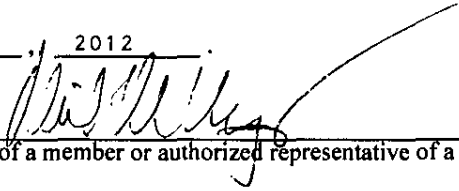
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	GOLF TERRACE INVESTMENT COMPANY, A LIMITED PARTNERSHIP	GOLF TERRACE INVESTMENT COMPANY, A LIMITED PARTNERSHIP 5821 CEDAR LAKE ROAD, #12 MINNEAPOLIS, MINNESOTA 55416	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	DORVIDOR MANAGEMENT COMPANY, LLC	DORVIDOR MANAGEMENT COMPANY, LLC 5821 CEDAR LAKE ROAD, #12 MINNEAPOLIS, MINNESOTA 55416	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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STATE OF FLORIDA
TALLAHASSEE

Dated JANUARY 13, 2012


Signature of a member or authorized representative of a member

NEIL M. MEYER
Typed or printed name of signee