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JUN 29 2015

J SHIVERS

COVER LETTER

TO:

TO: Registration and Division of Control		•					
SUBJECT:	LORIDA RANCHES DE	VELOPMENT, LLC					
}	Name of Limi	ted Liability Company					
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.					
Please return all corres	pondence concerning this matter	to the following:					
	Uri Segev						
		Name of Person					
	Lorida Ranch	es Development, L Firm/Company	LC				
		rittivCompany					
	1125 NE 125	th Street Suite 101 Address	·				
	North Miami	, FL 33161 City/State and Zip Code					
	ana@uvgp.ne E-mail address: (t		eport notification)				
For further information	concerning this matter, please ca	all:					
Ana Vestil		at (<u>786</u>)	245-7545				
Name	e 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 encle	Certificate of Status &				
	LING ADDRESS: stration Section	STREET. Registratio	COURIER ADDRESS:				
Divis	sion of Corporations Box 6327	Division of Corporations Clifton Building					

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	LORIDA RA	NCHES DEVELOPME	NT, LLC	
, •	(Name of the Limited) (A	Liability Company as it now apported to the Liability Company	ears on our records.)	· · ·
	icles of Organization for this Limited Liab			and assigned
Florida o	document number <u>L05000087773</u>	*		
This am	endment is submitted to amend the follow	ing:		
A. If an	nending name, <u>enter the new name of th</u>	e limited liability company	<u>here</u> :	
The new r	name must be distinguishable and contain the word	ls "Limited Liability Company," th	e designation "LLC" or the	ne abbreviation "L.L.C."
Enter n	ew principal offices address, if applicable	le:		
(Princip	oal office address MUST BE A STREET	ADDRESS)		
Enter n	ew mailing address, if applicable:			
(Mailing	g address MAY BE A POST OFFICE BO	OX)		
			•	
B. If a	amending the registered agent and/or	registered office address	on our records, en	ter the name of the no
	ed agent and/or the new registered offic			35 - 35 - 55 - 55 - 55 - 55 - 55 - 55 - 55
				5. C.R.
	Name of New Registered Agent:			W SE
				CO Comment
	New Registered Office Address:	Entun I	lorida street address	
		Exper	iorida sireei adaress	
			, Florida	
		City		7in Cada

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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR.	HBM Investments LLC	2001 NE 214th St	
		North Miami Beach, FL 33179	Remove
			Change
<u>AMBR</u>	U-Val Management and Pro	motion LLC	Add
		1125 NE 125th Street Suite 101	□ Remove
		North Miami, FL 33161	Change
			Add
			□ Remove
			Change
			□ Add
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Page 3 of 3

Filing Fee: \$25.00