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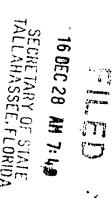
(Re	questor's Name)	
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COVER LETTER

	gistration Solision Solision of Col				
SUBJECT:		VERSAL, LLC			
Soboleci.	····	Name of Li	mited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are su	bmitted for filing.		
Please return	all correspo	ondence concerning this matte	r to the following:		
		David P. Kaminski			
			Name of Person		
		Daspin Aument LLP			
			Firm/Company	ual report notification) 203 4523	
		300 South Wacker Drive,	Suite 2200		
			Address		
		Chicago, IL 60606			
			City/State and Zip Code		
		dpaulkaminski@gmail.com			
		E-mail address: (to be used for future annual report notifi	cation)	
For further inf	formation co	ncerning this matter, please c	all:		
David P. Kam	ninski		312 203 4523 at ()		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a c	check for the	following amount:			
\$25.00 Fil	ing 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

MAF	ONIVERSAL, LLC					
(Name of the Limi	ited Liability Compan (A Florida Limited L	y as it now appears iability Company)	on our records.)			
The Articles of Organization for this Limited L Florida document numberL08000056790	• • •	were filed on	06/09/2008	and assigned		
This amendment is submitted to amend the following	lowing:					
A. If amending name, enter the new name of	of the limited liabil	lity company her	<u>·e</u> :			
The new name must be distinguishable and contain the v	words "Limited Liabilit	ty Company," the de	signation "LLC" or the abl	breviation "L.L.C."		
Enter new principal offices address, if applie	cable:	c/o CMS Man	agement Group, LLC			
(Principal office address MUST BE A STREE		1300 N. Feder	ral Highway, Suite 202			
Trincipal Office address in UST BE A STREET ADDRESS)		Boca Raton, FL 33432				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		c/o CMS Management Group, LLC 1300 N. Federal Highway, Suite 202 Boca Raton, FL 33432				
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:		1	our records, <u>enter</u>	the name of the ne		
	1300 N Feder	ral Highway, Suite	202	HALL TO		
New Registered Office Address:			la street address	SSS 8		
	Boca Raton		, Florida	340 3 17		
		City	Ç	Zip Coda		
New Registered Agent's Signature, if changing I	Registered Agent:		io,	活		
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as regi	er and complete p	erformance of n	y duties, and I am fo	amiliar with and		

If Changing Registered Agent, Signature of New Registered Agent

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 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>	<u>Address</u>	Type of Action
MGR	Sibrani Revocable Trust	742 US Highway 1, Suite 211	
		North Palm Beach, FL 33408	Remove
			□ Change
MGR	CMS Management Group, LLC	1300 N. Federal Highway	■ Add
		Suite 202	
		Boca Raton, FL 33432	☐ Change
			_□ Add
			□ Remove
			Change
			Add
			Remove
			□ Change
			Add
		71	☐ Remove
			□ Change
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			Remove
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(If an effective Note: If the	ate, if other than date is listed, the da date inserted in t effective date on	te must be specific a his block does no	and cannot be at meet the a	applicable st	of filing or m latutory filing	ore than 90 da	(optional ys after filing its, this date	g.) Pursuai	nt to 605 t be liste	5.0207 (ed as t
	specifies a del h day after the			it not an	effective t	ime, at 12	:01 a.m.	on the	earlie	er of:
Dated	Nove	mber <u>/</u>		16						
Dated				-						
Dated		/		2/2	m	~				

Page 3 of 3

Filing Fee: \$25.00