L08000098622

•					
(Red	questor's Name)				
(Address)					
(Add	dress)				
(City	//State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Doc	cument Number)				
Certified Copies	Certificate:	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



600138394066

12/04/08--01024--002 **25.00

08 DEC -4 AMII: 55

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

DEC -5 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: U CAPTAL Group 2651, 2LC (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:
George Knoper (Name of Person)
BAUPOR ROAL ESTATO, INC. (Firm/Company)
6781 SW 39" ct
DANG, PL 3314 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at 951 673 - 901 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) 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

	OUP 2651, LLC			
(Name of the Limited Liability (A Florida	y Company as it now appe Limited Liability Company	ears on our records.)		
The Articles of Organization for this Limited Liability C	Company were filed on	10/20/200	and assigne	:d
Florida document number 1080009862	7.			٠
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company h	ere:		
The new name must be distinguishable and end with the wo	rds "Limited Liability Com	pany," the designation	"LLC" or the abbre	
"L.L.C."			80	01V10
Enter new principal offices address, if applicable:	·		<u>_</u>	<u> </u>
(Principal office address MUST BE A STREET ADDI	RESS)			<u>-</u> -
•			. 3	유무 다
Enter new mailing address, if applicable:			**	R A
(Mailing address MAY BE A POST OFFICE BOX)			55	<u>5</u> m
		 		
B. If amending the registered agent and/or regis	tered office address on	our records, enter	the name of th	e new
registered agent and/or the new registered office add	ress here:			
Name of New Registered Agent:				<u>_</u>
New Registered Office Address:				
	(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 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:

-	anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>Mynn</u> 1	TAI BAr-Noach	1602 Alton Road #517 MISSMITSEACT, FL 33139	Add Remove
· ·			Add Remove
			Add
D. If amendi	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	ONVISION OF CORPORATE ON DEC -4 AMIL: 5
Dated		or authorized representative of a member	RATIONS
-	Typed o	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00