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S. YOUNG

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TO: Registration Se Division of Cor					
SUBJECT:	VER GROUP, L Name of Limit	LC eted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Ustler G	Name of Person  Coup LLC  Firm/Company  Ange Ave. Sud	£ 200		
	oflando,	City/State and Zip Code  ST/ER. n ET  to be used for future annual report notifi		16 NOV	SEURET
	E-mail address: (1	to be used for future annual report notifi	ication)	10	
For further information c	oncerning this matter, please ca		,	PH 4:	
Shar N Name o	Ellis f Person	at (407) 839 - Area Code Daytime	Telephone Number	. 19	HATE OF
Enclosed is a check for the	ne 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 St Certified Copy (additional copy is e	atus &	

#### 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

Ustlea	Gerap LLC
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number	ility Company were filed on MA B. 2009 and assigned
This amendment is submitted to amend the following	ing:
A. If amending name, enter the new name of the	ne limited liability company here:
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	16 NOV 10 PM 4
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, enter the name of the new
Name of New Registered Agent:	
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 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 = M $AMBR = A$	Sanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	F. Thomas Ustler	800 N.ORANJEAVE \$20 Oplande FL 32801	<u>C</u> □ Add
		oplande FL 32801	Remove
			Change
MGRM	CRAighstler	800 NORANGE AVE JCC	,□ Add
	•	oplando, FL 32801	Remove
		800 N. Olang & Ave 200 Oplando, FL 32801 change tille Jean MGEnte MGR	2 Change
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fective date, if other than the date of filing:	(optional)
n effective date is listed, the date must be specific and cannot be prior to date of filin ote: If the date inserted in this block does not meet the applicable statutor cument's effective date on the Department of State's records.	ig or more than 90 days after filing.) Pursuant to 605.
record specifies a delayed effective date, but not an effect The 90th day after the record is filed.	tive time, at 12:01 a.m. on the earlie
ted october 14, 2016.	
(A-	
Signature of a member or authorized represen	ntative of a member

Page 3 of 3

Filing Fee: \$25.00