L09000051248

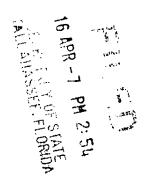
(Ro	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



800284217018 L09-51248 Amend

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APR -8 2016 N. CAUSSEAUX

COVER LETTER

	ision of Corp			- 4:
SUBJECT:	University E	Bivd 1822, LLC		
		Name of bim	ited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspor	ndence concerning this matter	to the following:	
		Theo K. Mitchelson Jr.		
			Name of Person	L
		University Blvd 1822, LLG	C	•
			Firm/Company	
		1822 University Blvd S.		
			Address	
		Jax., Fl., 32216		
			City/State and Zip Code	
		tagteamtheo@comcast.net E-mail address: (to be used for future annual report notif	ication)
For further i	nformation co	ncerning this matter, please ca	all:	
Theo K. Mi	tchelson Jr.		904 465-0665 at ()	
	Name of	Person		Telephone Number
Enclosed is	a check for the	e following amount:		
■ \$25.00 H	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 enclo

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

University Blvd 1822, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Florida document number ______L09000051248 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address _____, Florida _ City

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
MGR	Theo K. Mitchelson III	1822 University Blvd S., Jax., Fl., 3 22 1 6	Add
			■ Remove
			☐ Change
MGR	Anadela Ryan	1822 University Blvd S., Jax., Fl., 32246	Add
			□ Remove
			Change
			Remover
			Change
			Add, 55 Remove
	,		Change
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			Change
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			Change

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		ORIE ORIE	3
			
ctive date, if other than th	e date of filing:	(optional) late of filing or more than 90 days after filing.) Pursuant	
effective date is listed, the date mu	ist be specific and cannot be prior to o	late of filing or more than 90 days after filing.) Pursuant e statutory filing requirements, this date will not	t to 605.0 be listed
	Department of State's records.	,,,	
		n effective time, at 12:01 a.m. on the	earlie
ne 90th day after the re	cord is filed.		
March 21	2016		
ed March 21	,,		
1	helle on	P	
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The	Signature of a member or authorize	of representative of a member	

Page 3 of 3

Filing Fee: \$25.00