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## **COVER LETTER**

Division of Corp		•	
OLEANDE	R 231&233, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Theo K. Mitchelson Jr.		
		Name of Person	
		Firm/Company	
	340 Oceanwalk Drive Nor	th	
		Address	
	Atlantic Beach, Fl., 32233		
		City/State and Zip Code	
	tagteamtheo@comcast.net		= = = = = = = = = = = = = = = = = = = =
	E-mail address: (	to be used for future annual report notification)	E ARE
For further information co	oncerning this matter, please co	all:	RETURNS 21
Theo K. Mitchelson Jr.		904 465-0665 at ( )	7
Name of	Person	Area Code Daytime Teleph	one Number
•			
Enclosed is a check for the	e following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	1 \$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

UNIVERSITY BLVD 1822, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 05/27/2009 \_\_ and assigned 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

## 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.

City

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>	<u>Address</u>	Type of Action
MGR	MITCHELSON, ANADELA	340 Oceanwalk Drive North	Add
		Atlantic Beach, Fl., 32233	■ Remove
			Add
			□ Remove
			Change
-		<u></u>	Add ANASSE
•			
			□ Remove Change:
<u></u>			Add
			☐ Remove
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	04/19/2017	(antional)
te: If the date inserted in thi	must be specific and cannot be prior to date of filing or mos block does not meet the applicable statutory filing a Department of State's records.	re than 90 days after filing.) Pursuant to 605, \$2
record specifies a dela he 90th day after the i	yed effective date, but not an effective the record is filed.	me, at 12:01 a.m. on the earlier
ed April 19	, 2017	
1/10/16	Mitchell.	
(4	Signature of a member or authorized representative of	of a member

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Filing Fee: \$25.00