

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H11000194794 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GUNSTER, YOAKLEY & STEWART, P.A.

Account Number : I19990000012

: (954)468-1355

Phone Fax Number

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

" LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TBOM RESIDENTIAL, LLC

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FAX AUDIT NO. H11000194794 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	FIL	ED)
11 SEO.	AUG -2	Asz	
TALL	RETARY (AHASSEE	FLC	ATE ORIDA

ТВО	<u>M Residential, LLC</u>		
(<u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appear to Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Florida document number		10/7/2009	and assigned
This amendment is submitted to amend the following	:		
A. If amending name, enter the new name of the l	imited liability company he	DÉ :	
United Asse	t Holdings Residential, L	.LC	
The new name must be distinguishable and end with the v"L.L.C."	words "Limited Liability Compa	any," the designation "]	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD.	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or reg		our records, <u>cater (</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:	D_	ter Florida street add	
	En	ier riorida sireel dad	1697
	Cin	, Florida	Zip Code
	City		zip Coae

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 Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

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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:

MGRM = Managing Member Title Name Address Type of Action MGR The Bank of Mlami, N.A. 121 Alhambra Plaza, Penthouse 2 ☐ Add Coral Gables FL 33134 MGR 1st United Bank One North Federal Highway ☑ Add Boca Raton, FL 33432 Remove 🕅 Remove Add Remove ∏Remove ∐Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Filing Fce: \$25.00