# L09000102164

(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Requestor's Name)
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
PICK-UP   WAIT   MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(Address)
PICK-UP   WAIT   MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	(City/State/Zip/Phone #)
(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status	
(Document Number)  Certified Copies Certificates of Status	PICK-UP WAIT MAIL
(Document Number)  Certified Copies Certificates of Status	
Certified Copies Certificates of Status	(Business Entity Name)
Certified Copies Certificates of Status	
	(Document Number)
	Certified Copies Certificates of Status
Special Instructions to Filing Officer:	
Special instructions to Filing Officer:	Consideration to Filling Office
	Special instructions to Filing Officer:
	•

Office Use Only



800267303358

12/11/14--01021--010 \*\*60.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

DEC 16 2014
J. HARRIS

Law Offices

## **SOLOMON & MAGED, P.C.**

Yeven A. Solomon, MD & DC David M. Maged, MD & DC Jarie B. Daugherty, MD Bari R. Solomon, MD One Metro Square, Suite 1505 51 Monroe Street Rockville, Maryland 20850 (301) 424-5400

Facsimile (301) 424-6896

December 10, 2014

#### VIA OVERNIGHT MAIL

Florida Secretary of State Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RE:

Document:

Articles of Amendment for UMOS SI Condos, LLC

Florida ID:

L09000102164

Dear Sir or Madam:

Enclosed please find an original and one copy of Articles of Amendment for UMOS SI Condos, LLC. Please use the copy to provide a certified copy and return to me in the enclosed Federal Express Package.

I have also enclosed check number in the amount of \$60.00. Said amount represents the filing fee set forth on the attached cover letter.

If you require any additional information, feel free to contact the at (301) 424-5400.

Sincerely,

Steven A. Solomon, Esquire

Enclosure: Check 4297

Articles of Amendment

## **COVER LETTER**

	Registration Section Division of Corporations						
eun mos	UMOS SI	Condos, LLC					
SUBJECT	r:	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:							
		Steven A. Solomon					
		Name of F	'erson				
		Solomon & Maged, PC					
		Firm/Con	pany				
		51 Monroe Street, Suite 1505					
		Addres	58				
	Rockville, MD 20850						
	City/State and Zip Code						
	Ssolomon@pinnacletitle.com  E-mail address: (to be used for future annual report notification)						
			ire annual report notification)				
For further	information con	cerning this matter, please call:					
Steven	Solomon	301 at (	424 5400				
	Name of Pe		Code Daytime Telephone Number				
Enclosed i	s a check for the f	following amount:					
\$25.00	Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 File Certificate of Status Certified (additional)					

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

UMOS SI Condos, LLC			
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	=	
The Articles of Organization for this Limited Liability Company Florida document number L09000102164	y were filed on October 22, 2009	and assign	.ed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here:		
The new name must be distinguishable and end with the words "Limited Lia	bility Company," the designation "LLC" or the ab	obreviation "L.L.C	C."
Enter new principal offices address, if applicable:			9
(Principal office address MUST BE A STREET ADDRESS)			1351 1351
	<del></del>	<u> </u>	조유 <del>- 유턴</del> -
Enter new mailing address, if applicable:	6710 A Rockledge Drive	 	COSP 10 AN
(Mailing address MAY BE A POST OFFICE BOX)	Suite 420	f:	15.5 15.5 15.5 15.5 15.5 15.5 15.5 15.5
	Bethesda, MD 20817	02	<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, enter t	he name of	the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida		
	City , Fiorida	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member					
<u>Title</u>	Name	Address	Type of Action		
			□ Add		
			Remove		
			Add		
			□ Remove		
			Add Remove		
<del></del>			SECRETARY OF STATE DIVISION OF CGRPORATIONS  14 DET 11 PH 4: 02		
			OF STATE OF		
			□ Remove		
			Add		
			□ Remove		

	nation, enter change(s) here: (Attach additional sheets, if necessary.)  icles shall be deleted in it entirety and replaced					
	with language as follows:					
(i) to manage condo	(i) to manage condominium units and the hotel located at 3800 Ocean Drive					
Palm Beach, Florida	and and for any other purpose permitted by law.					
E. Effective date, if other than the (The effective date must be specific, cathe date this document is filed by the	anot be prior to date of receipt or filed date and cannot be more than 90 days after					
Dated December 10	M. 18					
Karin Uran man	Signature of a member or authorized representative of a member ager Donald J. Urgo and Associates, LLC & DJU Hotels SI, LLC					
Kevin Orgo, man	Typed or printed name of signee					

Page 3 of 3

Filing Fee: \$25.00