

L09000102164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

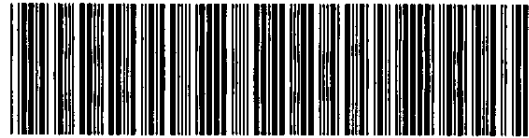
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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DIVISION OF CORPORATIONS  
14 DEC 11 PM 4:02

DEC 16 2014  
J. HARRIS

*Law Offices*  
**SOLOMON & MAGED, P.C.**

Steven A. Solomon, MD & DC  
David M. Maged, MD & DC  
Marie B. Daugherty, MD  
Tari 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

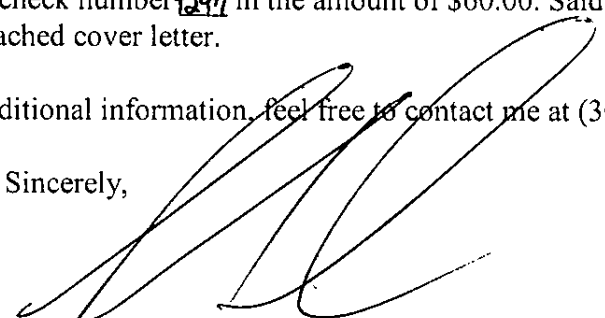
Dear Sir or Madam:

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 ~~9297~~ <sup>4297</sup> 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 me at (301) 424-5400.

Sincerely,



Steven A. Solomon, Esquire

Enclosure: Check ~~4297~~ <sup>4297</sup>  
Articles of Amendment

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: UMOS SI Condos, LLC**

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 Person

Solomon & Maged, PC

Firm/Company

51 Monroe Street, Suite 1505

Address

Rockville, MD 20850

City/State and Zip Code

ssolomon@pinnacletitle.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven Solomon

at 301 424 5400

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

UMOS SI Condos, LLC

Page 1 of 3

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:

N/A

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Article V(i) of the Articles shall be deleted in it entirety and replaced

with language as follows:

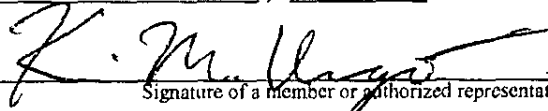
(i) to manage condominium units and the hotel located at 3800 Ocean Drive

Palm Beach, Florida and and for any other purpose permitted by law.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated December 10, 2014



Signature of a member or authorized representative of a member

Kevin Urgo, manager Donald J. Urgo and Associates, LLC & DJU Hotels SI, LLC

Typed or printed name of signee

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Filing Fee: \$25.00

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