## 100000060535

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J. SAULSBERRY EXAMINER

APR 3 0 2013

## **COVER LETTER**

TO: 'Registration Son Division of Co					
CUBIECT.	UN VENT	JRES R/E, LLC			
SUBJECT:	Name of Limited Liability Company			* .	•
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	LISA CABRE	ERA			
		Name of Person			
	VANDEVEN	TER BLACK LLP	_		
		Firm/Company		2013	
	101 W. MAI	N ST. SUITE 500	# # # # # # # # # # # # # # # # # # #	3 APR	
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	NORFOLK,	VA 23510	 		ÎT
		City/State and Zip Code		ွဲ့ ထူ	4.
	LCABRERA@VA		to de la constant de	₹ 5	
	E-mail address: (t	o be used for future annual report notificati	ion)		
For further information	concerning this matter, please c	all:			
LISA CABI	RERA	<sub>at (</sub> 757 <sub>)</sub> 446-854			
Name o	of Person	Area Code & Daytime Te	elephone Number		
Enclosed is a check for t	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 F Certificate of Certified Cop (additional co	Status &	sed)

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

UN VENTURES R/E, LLC		
(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.) ny)	<del></del>
The Articles of Organization for this Limited Liability Company were filed on	June 24, 2010 a	nd assigned
Florida document number L10000060535		
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 end with the words "Limited Liability Co "L.L.C."	mpany," the designation "LLC" of	or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		2
	·	7 3
		PR
Enter new mailing address, if applicable:	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	26
(Mailing address MAY BE A POST OFFICE BOX)	~	<u> </u>
·	- ::-	<u> </u>
B. If amending the registered agent and/or registered office address or registered agent and/or the new registered office address here:	on our records, enter the ha	ime of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
Cu	, Florida	Cod

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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Cole Brendan, Inc.	17380 Duneden Ct.	Add
		Boca Raton, FL 33496	Remove
MGRM	Gardner Management Consulting, Inc.	17380 Duneden Ct.	Add
		Boca Raton, FL 33496	Remove
			Add
			Remove
			2013 AFR Add
			Remove 8
	<del></del>		Add
			Remove
			Add
			Remove

D. If amending any other	r information, enter change(s) here: (Attach additional sheets, if necessary.)
• · · · · · · · · · · · · · · · · · · ·	
Dated APRIL	23 2013
	Karul Shipe
	Signature of a member or authorized representative of a member
	Rand E. Shapiro
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

