Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000296050 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850) 222-1092

Fax Number

: (850)878~5368

**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 LUDLOW WAREHOUSE MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

`.

COVER LETTER

TO:	Registration Sect Division of Corpo				
SUBJE	CT: <u>Ludlow W</u>	<u>farehouse Manageme</u> Name of Limi	nt, LLC ted Liability Company		
The enc	losed Articles of A	mendment and fec(s) are subr	nitted for filing.		
Please r	eturn all correspond	lence concerning this matter t	o the following:		
		Re	ebecca M. Turner, E	sq.	
		Maddin	Hauser, Roth, & H	leller, PC	
		28400 North	rwestern Highway, :	Second Floor	······
		Sou	uthfield, Michigan 48 City/State and Zip Code	8034	
		Rtur E-mail address: (1	rner@maddinhause	r.com	
For fun	her information cor	cerning this matter, please ea		,	
	Rebecca M	. Turner, Esq.	at (<u>248</u>) Area Code	208-1718 Daylime Telepho	ne Number
Enclose	d 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 at encl		\$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 ARTICLES OF ORGANIZATION **OF**

Ludlow Warehouse Management, LLC
(Name of the Limited Liability Company as it now annears on our records.)
(A Florida Limited Liability Company)

	City	Zip Code	
_		Florida	
New Registered Office Address:	Enter Florida stre	et address	
Name of New Registered Agent:			
B. If amending the registered agent and/or registered agent and/or the new registered office:		records, <u>enter the name of the n</u>	<u>:W</u>
(MARKINK UNIDIES) PART BAR FOOT OFFICE DOA			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	7		
(Principal office address MUST BE A STREET AL	DRESS		
Enter new principal offices address, if applicable:			
The new name must be distinguishable and end with the words	"Limited Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."	
A. If amending name, enter the new name of the	limited liability company here:		
This amendment is submitted to amend the following	g;		
Florida document number <u>L10000092583</u>	 '		
The Articles of Organization for this Limited Liabilit	ly Company were liled on <u>Septe</u>	mber 2, 2010 and assigned	

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
MGRM	Uniprop AM, LLC	280 Daines Street, Suite 300	D Add
		Birmingham, MI 48009	☑ Remove
<u>MGR</u>	Roger Zlotoff	280 Daines Street, Suite 300	
		Birmingham, MI 48009	Remove
			D Add
			□ Remove
			<u> </u>
			CI Remove
			D Add
			CI Remove
			Add
			☐ Remove

). If am	reading any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	Management of the company is or will be vested in one or more managers.
. Effec	ctive date, if other than the date of filing:
(The el	ffective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ate this document is filed by the Florida Department of State)
Date	d <u>December</u> , 2014
	The the tiff
	Je nary
	Signature of a member or authorized representative of a member
	Roger Zlotoff, as Authorized Representative
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00