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COVER LETTER

	ration Section n of Corporations				
SUBJECT:	Name of Limited Liability Company				
The enclosed Ar	ticles of Amendment and fee(s) are submitted for filing.				
Please return all	correspondence concerning this matter to the following:				
	Viola Collins Name of Person				
	Viola's Paradise Holding Company L.C.				
5109 Del Prado Blvd. S					
	Cape Coral, FL 33904 City/State and Zip Code				
	hariola@comcast.net E-mail address: (to be used for future annual report notification)				
For further infor	mation concerning this matter, please call:				
	Viola Collins at (239) 540 - 0769 Name of Person Area Code Daytime Telephone Number				
Enclosed is a ch	eck for the following amount:				
□ \$25.00 Filin	g Fee \$\Bigcup \\$30.00 \text{ Filing Fee & Certificate of Status}\$ \[\begin{array}{c} \\$55.00 \text{ Filing Fee & Certificate of Status} \\ \begin{array}{c} \\$55.00 \text{ Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \end{array} \]				

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

	UMC I, LLC		
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appe orida Limited Liability Company	ars on our record <u>s.</u>))	
The Articles of Organization for this Limited Liabili Florida document number	ty Company were filed on _	03/10/2014	and assigned
This amendment is submitted to amend the following	R:		
A. If amending name, enter the new name of the	limited liability company	<u>here</u> :	
The new name must be distinguishable and contain the words	'Limited Liability Company," the	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicables			
Principal office address MUST BE A STREET AL	ODRESS)		3 12
			고 했으. 다
Enter new mailing address, if applicable:			3. FATE 5. 5. 5. 6. 7. 6. 7. 7. 7. 7. 7. 7. 7. 7
Mailing address MAY BE A POST OFFICE BOX	<u> </u>		<u> </u>
3. If amending the registered agent and/or r		on our records, <u>entc</u>	r the name of the
Name of New Registered Agent:			
New Registered Office Address:	Enter F	orida street address	
		, Florida	
_	City		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 Authorized Person(s) authorized to manage	, enter the title, i	<u>name, and addre</u>	ess of each person	being added
or emoved from our records:					

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	TIMMI UNGAR	Auf der Kohlplatte 8	 _ X Add
		Wiernsheim, Germany 75446	□ Remove
			Change
			Add
			Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	Remove
			Change
			Add
			Remove
			Change
		·	
			BRY OF STATE BR
			□ Remove
			□ Change

.. D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **ARTICLE IV** is amended as follows: MANAGEMENT OF BUSINESS & Contributions to Capital OR Share of Interest This Limited Liability Company is to be managed by a member or members, such that the company is to be a member-managed company. The members or managing members are: TITLE: NAME and ADDRESS: CAPITAL/SHARE of INTEREST: MGRM/AMBR **GERHARD UNGAR** \$ 950.00/95.00% 5318 MAYFAIR COURT CAPE CORAL, FL 33904 \$ 50.00/ 5.00 % MGRM/AMBR TIMMI UNGAR **AUF DER KOHLPLATTE 8** WIERNSHEIM, GERMANY 75446 E. Effective date, if other than the date of filing: _ (If an effective date is listed, the date inust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Signature of a member or authorized representative of a member **GERHARD UNGAR** Typed or printed name of signee

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Filing Fee: \$25.00