

Division of Corporations

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L14000074548

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6382

From: Account Name : GUZMAN & GUZMAN, P.A.
Account Number : 120080000090
Phone : (305) 670-1991
Fax Number : (305) 670-1993

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UMA 14 LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

NOV 18 2015
J. HARRIS

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

UMA 14 LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/07/2014 and assigned Florida document number L14000074548.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

475 BRICKELL AVE #514

MIAMI FL, 33131

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

475 BRICKELL AVE #514

MIAMI FL, 33131

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida 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, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	LOCATION3 INVESTMENTS	475 BRICKELL AVE	<input checked="" type="checkbox"/> Add
		STE 514	<input type="checkbox"/> Remove
		MIAMI FL, 33131	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

1. What is the main purpose of the document?
 2. What are the key findings of the study?
 3. What are the limitations of the study?
 4. What are the implications of the study?
 5. What are the conclusions of the study?
 6. What are the recommendations of the study?
 7. What are the future research directions?
 8. What are the acknowledgments?
 9. What are the references?
 10. What are the appendices?

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

(If an effective date is listed, the date must 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.

Dated NOVEMBER 17 2015

Signature of a member or authorized agent

Signature of a member or authorized representative of a member

ALBERTO GUZMAN

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE FLORIDA