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COVER LETTER

	egistration Sec ivision of Corp			
SUBJECT	Undercliff F	Road, LLC		
SUBJECT	·	Name of Lim	ited Liability Company	
The enclos	ed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please retu	m all correspoi	ndence concerning this matter	to the following:	
		Amanda J. Beren		
			Name of Person	
		CorpNet. Incorporated		
			Firm/Company	
		31416 Agoura Rd., Ste. 11	8	
			Address	
		Westlake Village, CA 9136	51	
			City/State and Zip Code	
		filings@corpnet.com		
			to be used for future annual report notifi	cation)
For further	information co	oncerning this matter, please ca	ill:	
Amanda J	Beren		888 449-2638 at ()	
	Name of	Person		Telephone Number
Enclosed is	s a check for th	e 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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Undercliff Road, LLC				
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) .iability Company)			
The Articles of Organization for this Limited Liability Company	were filed on 08/19/2014	and assigned		
Florida document number L14000130264				
his amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
he new name must be distinguishable and contain the words "Limited Liabil		he abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	5265 University Parkway #101-307			
Principal office address MUST BE A STREET ADDRESS)	University Park, FL 34201			
		: U1		
Inter new mailing address, if applicable:	5265 University Parkway #101-307			
Mailing address MAY BE A POST OFFICE BOX)	University Park, FL 34201	<u> </u>		
	,			
B. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here Name of New Registered Agent:		ter the name of the		
New Registered Office Address:	Fuero Elouido stant addusas			
	Enter Florida street address			
	Florida			
	City	Zip Code		

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>	Address	Type of Action
AMBR	The Marian Farideh Sabety Revocable Trust	5265 University Parkway #101-307	
		University Park, FL 34201	☐ Remove
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services a crockive date on the Department of State & record	15.				
e record specifies a delayed effective date, but n	not an effective tim	ne, at 12:01 a.m	ı. on th	e ear	lier of:
The 90th day after the record is filed.					
ated OCTOBEY 11 2018	Š				
ated OCTOBEY 11, 2018	·				
Marian Salet	horized representative of				
		a management			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00