

L14000133193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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17 AUG -4 AM 7:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 07 2017

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: U AND A REAL ESTATE LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

URI DVIR
Name of Person
Firm/Company
6847 N 9TH AVE SUITE A #364
Address
PENSACOLA FL 32504
City/State and Zip Code
GGOLDRAT@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GUY GOLDRAT 225 574-6565
Name of Person at (Area Code) Daytime Telephone Number

Enclosed 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 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
TO
ARTICLES OF ORGANIZATION
OF**

U AND A REAL ESTATE 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 08/25/2014 and assigned Florida document number L 14600133193.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

RECEIVED
17 AUG - 11 AM 7:58
FILED
TALLAHASSEE, FLORIDA

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	GUY GOLDRAT	6847 N 9TH AVE SUITE A #364	<input checked="" type="checkbox"/> Add
		PENSACOLA FL 32504	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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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.)

Multiple horizontal lines for amending information.

17 AUG - 4 AM 7:58
STATE DEPT OF STATE
TALLAHASSEE FLORIDA

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 08/03 2017 _____

Uri Dvir ✓

Signature of a member or authorized representative of a member

URI DVIR

Typed or printed name of signee

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CenterState Bank, N.A. f/k/a CenterState Bank of Florida, N.A.
(Name of Alien Business Organization or Financial Institution)

Dear Sir or Madam:

Change of Name and Change of
The enclosed Designation of Registered Agent and Registered Office for ~~Alien Business Organization or~~
Financial Institution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Beth S. DeSimone

(Name of Person)

CenterState Bank, N.A.

(Firm/Company)

1101 1st St. S., Ste. 202

(Address)

Winter Haven, FL 33880

(City/State and Zip Code)

For further information concerning this matter, please call:

Beth S. DeSimone

(Name of Person)

at (863) 298-3668
(Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$35.00 Filing Fee

\$43.75 Filing Fee & Certified Copy