

L15000141956

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FILED
15 OCT 13 AM 7:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 14 2015

J SHIVERS

Kathy Gentry

From: Suzanne McQuaide
Sent: Monday, October 05, 2015 11:46 AM
To: Kathy Gentry
Subject: Check, Please

Hi Kathy,

Please prepare a check payable to Florida Department of State.

Amount: \$240.00

Matter #191572 (Mr. and Mrs. Kevin Cleveland – Estate Planning)

For: Filing Fees – Articles of Amendment to Articles of Organization (4)

Thanks!

Suzanne McQuaide
Paralegal
Abrams | Davis | Mason | Long | LLC
1100 Peachtree Street, Suite 1600
Atlanta, GA 30309
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October 5, 2015

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

Re: Filing Articles of Amendment to Articles of Organization

Ladies/Gentlemen:

Enclosed for filing with the Corporations Division are the following:

1. Articles of Amendment to Articles of Organization for UGA 4, LLC, a Florida limited liability company, changing the name of the company to SCOUT 4, LLC;
2. Articles of Amendment to Articles of Organization for UGA 6A, LLC, a Florida limited liability company, changing the name of the company to CHARLY 6A, LLC;
3. Articles of Amendment to Articles of Organization for UGA 7, LLC, a Florida limited liability company, changing the name of the company to SCOUT 7, LLC; and
4. Articles of Amendment to Articles of Organization for UGA 10, LLC, a Florida limited liability company, changing the name of the company to CHARLY 10, LLC.

Also enclosed is our firm check payable to the Florida Department of State in the amount of \$240 (\$60 per Amendment to pay for Filing Fee, Certificate of Status and Certified Copy). Copies of each Amendment are also enclosed.

Please let me know if you have any questions concerning this filing. Thank you very much for your assistance.

Sincerely,



Suzanne McQuaide
Paralegal

Enclosures

cc: Ryan C. Davis, Esq.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: UGA 4, 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:

RYAN C. DAVIS, ESQ.

Name of Person

ABRAMS DAVIS MASON & LONG, LLC

Firm/Company

1100 PEACHTREE STREET, SUITE 1600

Address

ATLANTA, GA 30309

City/State and Zip Code

smcquaide@abramsDavis.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RYAN C. DAVIS

404

550-7579

at (_____) _____

Name of Person

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**

UGA 4, 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 AUGUST 20, 2015 and assigned Florida document number L15000141956

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SCOUT 4, LLC

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

N/A

Enter Florida street address

City

Florida

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

15 OCT 13 AM 7:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILE

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>
AMBR	CAROL K. CLEVELAND	7584 AUDEN TRAIL	<input checked="" type="checkbox"/> Add
		SANDY SPRINGS, GA 30350	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

N/A

SECRETARY 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 AUGUST 24 2015

Carol Cleveland

Signature of a member or authorized representative of a member

CAROL K. CLEVELAND

Typed or printed name of signee