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COVER LETTER

Div	ision of Cor	porations		
SUBJECT:	UWS17-LN	, LLC		
SUBJECT.		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	i all correspo	ndence concerning this matter	to the following:	
		STEVEN L. SPARKMAN		
			Name of Person	
		UWS17-LN, LLC		
			Firm/Company	
		3534 DOGWOOD VALLI	EY TR	
			Address	
		TALLAHASSEE, FL 323	12-3614	
			City/State and Zip Code	
		sls@sparklaw.com		
		E-mail address: (to be used for future annual report notif	(cation)
For further i	nformation c	oncerning this matter, please ca	all:	
STEVEN L	. SPARKMA	.N	813 759-1444	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne following amount:		
■ \$25.00 H	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

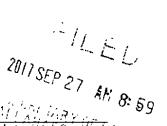
TO:

Registration Section

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**



UWS17-LN, LLC			11 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1	1 P P P P P P P P P P P P P P P P P P P
(Name of the Limi	ted Liability Compa (A Florida Limited)	ny as it now appears on Liability Company)	our records.)	SEE FLOON
The Articles of Organization for this Limited L. Clorida document number L15000151857	iability Company	were filed on SEPTE		
his amendment is submitted to amend the foll	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the design	nation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:		3534 DOGWOOD VALLEY TR		
Principal office address MUST BE A STREE		TALLAHASSEE, F	FL 32312-3614	
Santan		3534 DOGWOOD	VALLEY TR	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		TALLAHASSEE, FL 32312-3614		
3. If amending the registered agent and registered agent and/or the new registered o			r records, <u>enter</u>	the name of the
Name of New Registered Agent:				
Name of New Registered Agent:	3534 DOGWO	OD VALLEY TR		
Name of New Registered Agent: New Registered Office Address:	3534 DOGWO	OD VALLEY TR Enter Florida s	street address	
-	3534 DOGWO	Enter Florida s	street address Florida [32]	312-3614

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 2017 SEP 27 AM 8: 59 AMBR = Authorized Member Address Type of Action Title Name. □ Add _□ Remove _□ Change □ Add _□ Remove _□ Change □ Add ☐ Remove ☐ Change □ Add _□ Remove ☐ Change _□ Add ☐ Remove ☐ Change □ Add _□ Remove

_□ Change

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Tective date, if other than the date of fil an effective date is listed, the date must be specific ote: If the date inserted in this block does no ocument's effective date on the Department of	t meet the applicable st	of filing or more than 90 days atutory filing requirements.	optional) after filing.) Pursuant to 605,020 this date will not be listed a
e record specifies a delayed effective The 90th day after the record is file	date, but not an d	effective time, at 12:0	01 a.m. on the earlier o
september 27	2017		
	1	epresentative of a member	

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee