## L15000 175745

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## **COVER LETTER**

TO:	Registration Se Division of Cor		. 4	k X gr	*
CUDI	U Trust Inv	est			
SUBJECT:Name of Limited Liability Company					
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing	<b>5.</b>	
Please	return all correspo	ndence concerning this matter	to the following	<b>;</b> ;	
		Leslie Fernandez			
			Name of I	Person	
		Garcia & Xiques, PA			
			Firm/Con	npany	
		2950 SW 27 Avenue, Suite	e 100		
			Addre	ss	
		Miami, FL 33133			
			City/State and	Zip Code	
		E-mail address: (	to be used for fut	ure annual report no	otification)
For fur	ther information co	oncerning this matter, please ca		•	·
	Fernandez		305 at (	358-4800	
	Name of	f Person		Code Dayti	me Telephone Number
Enclos	ed is a check for th	ne following amount:			
<b>(2)</b>	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Fi Certified (additiona		□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose
	Registr Divisio P.O. Bo	ation Section of Corporations ox 6327 ssee, FL 32314		STREET/COUI Registration Sect Division of Corp Clifton Building 2661 Executive ( Tallahassee, FL	Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

U Trust Invest		
( <u>Name of the Limited Liab</u> (A Flori	bility Company as it now appears on our records.) rida Limited Liability Company)	
he Articles of Organization for this Limited Liability lorida document number L15000175745	y Company were filed on 10/15/2015 and ass	signed
his amendment is submitted to amend the following:	· ·	
. If amending name, enter the new name of the lin	imited liability company here:	
ne new name must be distinguishable and contain the words "L	Limited Liability Company," the designation "LLC" or the abbreviation "L	.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADL	DRESS)	
nter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or reg	gistered office address on our records, enter the name ddress here:	of the
Name of New Registered Agent:		
Manie of New Registered Agent.		
	<u> </u>	
New Registered Office Address:	Enter Florida street address	- TT
	Enter Florida street address  Florida  City  Enter Florida street address  Zip Code	1 3 k

## 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>	Type of Action
MGR	GR Chin Mei Tseng 20900 NE 30 Avenue, Suite 603		<b>⊟</b> Add
		Aventura, FL 33180	□ Remove
			Change
			Add
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			Change
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Effective date, if other than the lift an effective date is listed, the date more in this document's effective date on the	lock does not meet the	applicable statutor	g or more than 90 days afte y filing requirements, thi	onal) r filing.) Pursuant to 605.0207 s date will not be listed as
he record specifies a delayon The 90th day after the re		out not an effec	tive time, at 12:01	a.m. on the earlier of
Dated May 31		<u> </u>		

Page 3 of 3

Filing Fee: \$25.00

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	in the second se	
·		
Effective date, if other than the date of filing:  fan effective date is listed, the date must be specific and cannot be prior to date of filing or more than  Note: If the date inserted in this block does not meet the applicable statutory filing requir	(optional) 90 days after filing.) Pursuant to 605.02	:0°
document's effective date on the Department of State's records.		
The 90th day after the record is filed	at 12:01 a.m. on the earlier	of:
Dated May 31		
Signature of a member or authorized representative of a me	mber	

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Filing Fee: \$25.00