## L16000102495

(Re	questor's Name)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

	egistration Sec vision of Corp			
SUBJECT		LAND LLC		
SOBJECT		Name of Limi	ited Liability Company	
The enclose	ed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please retur	n all correspor	ndence concerning this matter	to the following:	
		Uri Segev		
			Name of Person	
		UV Group LLC		
			Firm/Company	
		1125 NE 125th St Suite 10	1	
			Address	
		North Miami, FL 33161		
			City/State and Zip Code	
		uri@uvgp.net  E-mail address: (t	to be used for future annual report notific	cation)
For further	information co	oncerning this matter, please ca	all:	ŕ
Ana Vestil			786 245-7545 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	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 TO ARTICLES OF ORGANIZATION OF

5950WOAKLAND LLC	
(Name of the Limited Liability Company a (A Florida Limited Liabi	s it now appears on our records.) lity Company)
The Articles of Organization for this Limited Liability Company were florida document number $\frac{L16000102495}{L16000102495}$ .	re filed on May 25, 2016 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liabilit</u> y	company here:
840 SW 81st LLC	
The new name must be distinguishable and contain the words "Limited Liability C	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)	
	Control of the contro
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e 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:	CONTROL OF THE PARTY OF THE PAR
New Registered Office Address:	
<del>-</del>	Enter Florida street address

## 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.

Citv

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
<del></del>			\ \_ \ \_ \_ \dd
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			☐ Change
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If amending any other information, enter change(s) here: (Attach additional sheets, if n	ecessary.)
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	7 10 10 10 10 10 10 10 10 10 10 10 10 10
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<del></del>	ASSET
Effective date, if other than the date of filing:(o	CO MAN PROMISE
Effective date, if other than the date of filing:	ther filing Pursuan to 605.0207 this date will not be listed as
ne record specifies a delayed effective date, but not an effective time, at 12:0.  The 90th day after the record is filed.	1 a.m. on the earlier of
Dated October 12 , 2016 .	
Signature of a member or authorized representative of a member	
$\Gamma$	ap La

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Filing Fee: \$25.00