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(Address)				
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(City/State/Zip/Phone #)				
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HERMANN & GOVIN

134 SOUTH DIXIE HIGHWAY, SUITE 100 HALLANDALE BEACH, FLORIDA 33009

Telephone (305) 356-8403

Facsimile (786) 899-2720

www.hg-law.com

JAMES W. GOVIN, ESQ. ATTORNEY AT LAW DIRECT LINE: (786) 206-7995 JGOVIN@HG-LAW.COM

August 29, 2017

Via Federal Express

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

Re:

HALLANDALE BUSINESS CENTER LLC

HALLANDALE VILLAGE, L.L.C. UNIVERSAL LENDER LLC HIBISCUS DRIVE, L.L.C.

Dear Sir/Madam:

Enclosed please find the following documents and fees:

1. Articles of Amendment to Articles of Organization (4)

\$25.00

TOTAL FEES:

\$100.00

Should you have any questions, do not hesitate to contact me. Thank you.

Hermann & Govin

James W. Govin

Enclosures/ck.

COVER LETTER

Division of Co	orporations		
Hallandal SUBJECT:	e Business Center LLC		
		ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are subr	nitted for filing.	
Please return all corresp	oondence concerning this matter t	to the following:	
	James W. Govin		
		Name of Person	
	Hermann & Govin		
		Firm/Company	
	134 S. Dixic Hwy, Suite 10	0	
		Address	
	Hallandale Beach, FL 33009	9	
		City/State and Zip Code	
	jgovin@hg-law.com		
	E-mail address: (to	be used for future annual report notif	ication)
For further information	concerning this matter, please cal	II:	
James W. Govin		786 206-7995 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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:

TO:

Registration Section

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

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HALLANDALE BUSINESS CENTER 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 L	Liability Company	y were filed on <u>06/16/2016</u>		and assigned	
Florida document number L16000115338					
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name of	of the limited liab	oility company here	<u>e</u> :		
The new name must be distinguishable and contain the v	words "Limited Liabi	dity Company," the des	ignation "LLC" or the abbr	eviation "L.L.C."	
Enter new principal offices address, if applicable:		134 S. Dixie Hwy			
(Principal office address MUST BE A STREE	ET ADDRESS)	Suite 208			
		Hallandale Beach,	FL 33009		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)				
B. If amending the registered agent and registered agent and/or the new registered o	or registered o ffice address her	ffice address on c e:	our records, <u>enter th</u>	e name of the nev	
Name of New Registered Agent:	James W. Govi	n		<u></u>	
New Registered Office Address:	134 S. Dixie H	wy, Suite 100			
		Enter Florida	r street address		
	Hallandale Bea	· · · · · · · · · · · · · · · · · · ·	, Florida ³³⁰⁰	9	
		City		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.

f Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 **Title** Name Address **Type of Action** □ Remove ☐ Change ☐ Remove ☐ Change _□ Add ☐ Remove _____ Change 🗆 Add □ Remove _ Change _□ Add □ Remove ☐ Change □ Add ☐ Remove

_ Change

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ffective date, if other than the date of filing	g: 8/29/2017		(optional)	
f an effective date is listed, the date must be specific and Note: If the date inserted in this block does not m	wet the applicable s	e of filing or more than 90 statutory filing requirer	days after filing.) Pur ients, this date will	suant to 605.0207 (3)() not be listed as the
document's effective date on the Department of S	tate's records.			
e record specifies a delayed effective d	ate, but not an	effective time, at	12:01 a.m. on t	the earlier of:
The 90th day after the record is filed.		·		
August 29	2017			
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tund A	form	representative of a member	 	
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Filing Fee: \$25.00