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| (Address) |
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| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
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16 OCT 20 PH 3: 07 DIVISION OF CORFGRATIONS

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COVER LETTER.

| TO: | Registration Sec Division of Corp | | • | |
|---------|--------------------------------------|--------------------------------------------|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| CITET | | REUNION, LLC | | |
| SUBJE | <u></u> | Name of Lim | ited Liability Company | |
| The en | closed Articles of A | Amendment and fee(s) are sub | unitted for filling. | |
| Please | return all correspor | ndence concerning this matter | to the following: | |
| | | HAROLDO BARROS | | |
| | | | Name of Person | |
| | | DANPOL DEVELOPMEN | NT, LLC | |
| | | | Firm/Company | |
| | | 700 CELEBRATION AVE | ENUE SUITE 212 | |
| | | , | Address | · · · · · · · · · · · · · · · · · · · |
| | | CELEBRATION FL 3474 | 7 | |
| | | | City/State and Zip Code | • |
| | | HAROLDOBARROS@BR | ENSUS.COM to be used for future annual report notific | eation) |
| For fur | ther information co | oncerning this matter, please ca | • | auton) |
| HARC | LDO BARROS | | 407 9222245 | |
| | Name of | Person | at () Area Code Daytime | Telephone Number |
| Enclos | ed is a check for th | e following amount: | | |
| \$ \$2. | 5.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy tadditional conv 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
Chifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| UPTOWN REUNION, LLC | | |
|--------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|---------------------------------------------------|
| (A Florid | it, Company as it non appears on our records.) a Limited Liability Company) | |
| The Articles of Organization for this Limited Liability O | Company were filed on 09/12/2016 | and assigned |
| Florida document number L16000173299 | <u>_</u> . | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lin | nited habinity company here: | |
| The new name must be distinguishable and contain the words "Lin | nited Liability Company," the designation "LLC" or the | ne abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADD | RESS) | TILED 16 DCT 20 PN 3: 07 NVISION OF CORPORATION |
| Enter new mailing address, if applicable: | | G P IT |
| (Mailing address MAY BE A POST OFFICE BOX) | ress MAY BE A POST OFFICE BOX) | |
| | | ONES CONTRACTOR |
| B. If amending the registered agent and/or registered agent and/or the new registered office add | | ier the name of the nev |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | Enter Florida Street address | |
| | , Florida | 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. Thereby 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> | Name. | Address | Type of Action |
|-------------------|--------------|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
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| E. Effec | ctive date, if other than the date of filing: (option effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after f | nal) iling.) Pursuant to 605.02 |
| <u>Note</u> | et. If the date inserted in this block does not meet the applicable statutory filing requirements, this ument's effective date on the Department of State's records. | date will not be listed |
| | | |
| | ecord specifies a delayed effective date, but not an effective time, at 12.01 a. ne 90th day after the record is filed. | m. on the earlier |
| | OCTOBER 18TH 2016 HAROLDO BARROS | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00