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PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name	·)
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Certified Copies	_ Certificates c	of Status
Special Instructions to	Filing Officer:	
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### **COVER LETTER**

TO: Registration S Division of Co			
	WENTY SEVEN, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Joshua Gerstin, Es.q		
	<del></del>	Name of Person	<del></del>
	Gerstin & Associates		
		Firm/Company	<del></del>
	40 SE 5th St., Suite 610		
		Address	
	Boca Raton, Ft. 33432		
		City/State and Zip Code	
	joshua@gerstin.com		17-
		to be used for future annual report not	ification)
For further information of	concerning this matter, please co	all:	
Joshua Gerstin, Esq.		561 750-3456	
Name o	of Person	at () Area Code Daytin	ne 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:

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

UNION TWENTY SEVEN, LLC		
( <u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Co Florida document number <u>L17000124791</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Limit	ited Liability Company," the designation "LLC" or the ab	breviation L.C.
Enter new principal offices address, if applicable:		JC SIGN
(Principal office address MUST BE A STREET ADDR	PESS)	Z 937
Enter new mailing address, if applicable:	<u> </u>	200 State of the s
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Cuy	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.

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
AMBR	John Tolbert	451 East Palmetto Park Rd	<b>_</b>
		Boca Raton, FL 33432	□ Remove
			☐ Change
			Add
			Remove
		. <del></del>	☐ Change
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	must be specific and cannot be prior to s block does not meet the applicab		
	e Department of State's records.	. 5 .	
record specifies a dela	yed effective date, but not	an effective time, at 12:01	. a.m. on the earlier o
The 90th day after the i	ecord is filed.		
June 8	2018		
ted		-·	
	112		
	( Sept )		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00