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<u>"</u>	
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
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(Business Entity Name)	
(Document Number) Certified Copies Certificates of Status	_
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2017 NOV 27 PH 4: 0

K. SALY NOV 28 2017

,	COVER LETTER		
TO: Registration Section Division of Corporations			
SUBJECT: Deal GOO	110,		
SUBJECT: VOO ()	Limited Liability Company		
	, ,		
The enclosed Articles of Amendment and fee(s) are	submitted for filing.		
Please return all correspondence concerning this re	tter to the following:		
	(2610		
	rearde of Person		
UCA II	500d LLC		
	FirmeCompany		
5026	Ply Mouth St		
	Address		
Jak	SONUILL F1 32205		
	City State and Zip Code		
$\mathcal{C}_{\mathcal{C}_{\mathcal{O}}}$	angy Wy gmail. (por		
E-mail add	ss: (to be used for future annual report notification)		
For further information concerning this matter, plea	se call:		
C (3/ C.)	70- (-1)(
Lod tarber	at (GOY) Area Code Daytime Telephone Number		
Name of Person	Area Code Daytime Telephone Number		
Enclosed is a check for the following amount:			
\$25.00 Filing Fee	□ \$55,00 Filing Fee & □ \$60,00 Filing Fee.		
Certificate of Stati	ma		
	tadditional copy (s enclosed) Certified Copy (additional copy is enclosed)		
MAILING ADDRESS:	STREET/COURIER ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle		
ranandssec, 112,72,014	Tallahassee, FL 32301		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CILED 2017 NOV 27 PA 4: 07 SECRETARY OF STATE ALLAHASSEE, FLORIS

<u> </u>	PA 4: 0 FALLAHASSEE, FLORID: (Liability Company)
(Name of the Limited Unbility Comp A Florida Limited The Articles of Organization for this Limited Unbility Compan	1/-0 1-
Florida document number L 17 00 169180	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "LLC,"
Enter new principal offices address, if applicable:	So 26 ply mouth St
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville (1 32205
Enter new mailing address, if applicable:	502c Plymouth St
(Mailing address MAY BE A POST OFFICE BOX)	Jucksonville (1 32206
B. If amending the registered agent and or registered of registered agent and/or the new registered office address he	office address on our records, enter the name of the new
Tegracie ageneration in the registered office address ne	<u></u> .
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
H	
<u> </u>	, Florida City Ztp Code
New Registered Agent's Signature, if changing Registered Agent	<u>ı:</u>

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 amendin _{iq}	Authorized Person(s) auth	oriz ed to m:	inage, <u>enter th</u>	ne title, name, and address of eac	h_person_being added	
or removed from our records: MGR = Manager AMBR = Authorized Member			FILED 2017 NOV 27 PM 4: 07 Address SFCREATER TYPE			
<u>Title</u>	<u>Name</u>		Address	SECRETARY OF STATE TALLAHASSEE, FLORIDA	Type of Action □ Add	
					Change	
					🗆 Add	
					☐ Remove	
					🗆 Change	
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					Change	

). If amending any other information, ent	change(s) here: (Attach additional sheets, if necessary.)
>	FU.
	2017 NOV 27 PH 4:07
	2017 NOV 27 PM
	FALLAHASSEE, FLORIDE
	STATE SEE FLORID:
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	<u> </u>
E. Effective date, if other than the date of f (If an effective date is listed, the date must be specifically).	The state of the s
Note: If the date inserted in this block does to document's effective date on the Department	cland cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(6) of meet the applicable statutory filing requirements, this date will not be listed as the of State's records.
,	
	date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is fil/	eo.
Dated $\frac{1}{20/7012}$	
Signature	of amember or authorized representative of a member
K	
<u> </u>	Typed or printed name of signee
	Page 3 of 3
	DP C 525.00

Filing Fee: \$25.00