117000169228

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only) Orbito / Elph Hollie //
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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T. MATTHEWS FEB 17 2022

COVER LETTER

TO: Registration S Division of Co			
our men		UM PROPERTIES LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	
		Firm/Company	
	17350 STATE HWY 249 S	STE 220	
		Address	
	HOUSTON, TX 77064		
	EFILE1234@INCFILE.CO	City/State and Zip Code M	
	E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
LOVETTE DOBSON		1 888-462-34 at ()	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the 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 Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	rporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TZVI BIRENBAUM I						
(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our records.) Liability Company)					
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L17000169228}{L17000169228}$	were filed on 08/08/2017 and assigned					
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	vility company here:					
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."					
Enter new principal offices address, if applicable:	3420 BLOOMINGDALE OAKS DR					
(Principal office address MUST BE A STREET ADDRESS)	VALRICO, FL 33596					
Enter new mailing address, if applicable:	3420 BLOOMINGDALE OAKS DR					
Mailing address MAY BE A POST OFFICE BOX)	VALRICO, FL 33596					
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the name of the new registe</u>					
New Registered Office Address:	Enter Florida street address					
	, Florida					

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>	Address	Type of Action
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		BRANDON, FL 33511	≣Remove
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ecord is file	specifies a ed.	delayed e	ffective	date, but	not an	effective	e time, a	t 12:01 :	1.m. on t	he earli	er of: (b) The 9	90th day (ifter the
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		•	S	ignature o	f a mem	ber or au	thorized	represent	ative of a	membe	r	-		•