

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

: VCORP SERVICES, LLC Account Name

Account Number: I20080000067

Phone

: (845)425-0077

Fax Number

: (845)818-3588

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	 	# <u>.</u>		
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LLC AMND/RESTATE/CORRECT'OR M/MG RESIGN UNIVERSITY CENTER WEST OPERATING LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

University Center West Operating LLC			
(Name of the Limited Liability (A Florida L	Company as it now appears imited Liability Company)	ou out tecarge")	
The Articles of Organization for this Limited Liability Con	mpany were file on 10/	09/2017	and assigned
Florida document number L17000207964	t.≾ _•		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company he	re:	
The new name must be distinguishable and contain the words "Limite	d I labilia. Caraman Patra da	denotes of CON author	Chandraian W. L. C. P.
·	са славних Союрану, пое ве	erfarmout . Dryc , or rot	and a gooreviation F. F. C.
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	(SS)	,	2.0
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Enter new mailing address, if applicable:	***	·,	B SE B
(Mailing address MAY BE A POST OFFICE BOX)			Service Control
			- The A
B. If amonding the registered agent and/or registe			
B. If amonding the registered agent and/or registered agent and/or the new registered office addresses.		our records, ent	er the nathe of the ne
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Name of New Registered Agent:	/1		
N. Paris d Com. Address			
New Registered Office Address:	Enter Florid	da streut address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent an	nd agree to act in this co	anacity I further o	gree to comply with the

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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

1

'n.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

ţ.,

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Helmut Herzog	1881 79TH CAUSEWAY	□ Add
• • •		NORTH BAY VILLAGE, FL	■ Remove
		33141: - 1255	☐ Clumge
		·	D Add
		·	□ Remove
			Change
			Add
			Rentage #5
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be pr	(opt	ional)

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