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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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## **COVER LETTER**

TO: F	Registration Sec Division of Corp	ction porations		
CUD IEC		EVELOPERS GROUP, LLC		
SUBJEC	I:	Name of Lim	ited Liability Company	
The enclos	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspor	ndence concerning this matter	to the following:	
		Mikhael E. Keifitz, Esq		
		_	Name of Person	<del></del>
		Law Offices of Mikhael E	.Keifitz,Esq	
			Firm/Company	
		3363 NE 163 Street , Suite	2708	
			Address	
		North Miami Beach,FL 33	160	
			City/State and Zip Code	
		info@meklegal.com	to be used for future annual report notif	regular)
For furthe	r information co	oncerning this matter, please ca	·	iolinoii,
Mikhael E. Keifitz,Esq		305 9570005 at ()		
	Name of		Area Code Daytime	: Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	) 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

UNITED DEVELOPERS GROUP, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_\_\_ and assigned \_\_\_\_\_\_\_ and assigned Florida document number L18000066827 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00