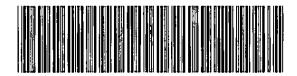
## L18000 213210

(Requestor's Name)	
(Address)	
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PICK-UP WAIT	MAIL
(Business Entity Nar	l e)
(Document Number)	
Certified Copies Certificates	of Status
Special Instructions to Filing Officer: #IN32 Pted MISSING & PO #	Fficer
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SECRETARY OF STATE OF

## **COVER LETTER**

TO:	Registration Section Division of Corpo		
CHDIE		W 2ND LLC.	
SUBJF	.C1:		Name of Limited Liability Company
The en	closed Articles of Ai	nendment and	Tee(s) are submitted for filing.
Please	return all correspond	lence concernin	g this matter to the following:
		JOHN CATA	LANO
			Name of Person
		SIEGFRIED	RIVERA
			Firm/Company
		201 ALHAM	BRA CIRCLE, FL 11
		*	Address
		CORAL GAI	BLES, FL 33134
			City/State and Zip Code
			@SIEGFRIEDRIVERA.COM mail address: (to be used for future annual report notification)
For fur	ther information con		
JOHN	CATALANO		305 442-8548
	Name of P	erson	at () Area Code Daytime Telephone Number
Enclose	ed is a check for the	following amo	ent:
■ \$2.	5.00 Filing Fee	□ \$30.00 Fili Certificate	ng Fee & S55.00 Filing Fee & S60.00 Filing Fee, of Status Certified Copy Certificate of Status &
	Mailing Address: Registration Se Division of Cor P.O. Box 6327 Tallahassee, FL	rporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UMC 1950 NW 2ND LLC	
(Name of	he Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Li	mited Liability Company were filed on 09/10/2018 and assigned
Florida document number L1800021321	
This amendment is submitted to amend	the following:
A. If amending name, enter the new	name of the limited liability company here:
UMC 1950 NW 2ND LLC	*[THIS FILING IS MADE TO REMOVE THE PERIOD AT THE END OF NAME]
The new name must be distinguishable and con	ain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, i	f applicable:
(Principal office address MUST BE A	STREET ADDRESS)
Enter new mailing address, if applica	ble:
(Mailing address MAY BE A POST Of	FFICE BOX)
B. If amending the registered agent a agent and/or the new registered office	nd/or registered office address on our records, <u>enter the name of the new registere</u> address here:
Name of New Registered Age	րլ։
New Registered Office Address	ss:
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if ch	anging Registered Agent:
provisions of all statutes relative to to accept the obligations of my position	gistered agent and agree to act in this capacity. I further agree to comply with the proper and complete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 605, F.S. Or, if this document is in the registered office address, I hereby confirm that the limited liability of this change.
	If Changing Registered Agent, Signature of New Registered Agent

MGR = A AMBR = A	lanager authorized Member		
<u> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
<del></del>			□Add
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			Change
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			□ Remove

	i, enter change(s) here: (Attach additional sheets, if necessary.)
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ective date, if other than the date in effective date is listed, the date must be ter. If the date inserted in this block cument's effective date on the Department.	te of filing:
cord specifies a delayed effective da s filed.	ite, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
OCTOBER 7	2022
//	·,
	nature of a member or authorized representative of a member
´	nature of a member or authorized representative of a member
SETH MOSKOWITZ	

Filing Fee: \$25.00