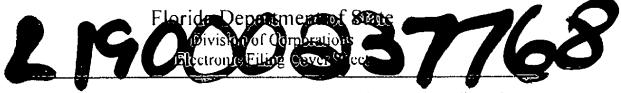
Division of Corporations



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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

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United Rual Estate Fort Lauderdale Associates	,uc		
(Name of the Limited Liability A Florida I	Company as it now appears of infled Liabdity Company)	on our records.)	nggapan da Paro S.
he Articles of Organization for this Limited Liability Co		inder 19, 2019	and assigned
Porida document number 1.19000237768			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed Hability company here	:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the des	ignation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:			and the second s
Principal office address MUST BE A STREET ADDR	ESS)	and the second s	40 5 6 6 10 10 10 10 10 10 10 10 10 10 10 10 10
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Enter new mailing address, if applicable:	sphanes and a hydrodistric section management a sufficient		
(Mailing address MAY BE A POST OFFICE BOX)			
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B. If amending the registered agent and/or registered	office address on our rec	ords, enter the name o	the new register
agent and/or the new registered office address here:			•
		ن ^{مر} د	
Name of New Registered Agent:			
New Registered Office Address:			nd without the day is a simple experimental control
	Enter Floric	la strees address	
		, Florida	Zip Code
	Cin		

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 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

Title	Name	Address	Type of Action
MGR	Cynthia Benchick	2201 W. Prospect Road	HÄAdd
		Pt. Lauderdale, FL 33309	
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