## L19000272202

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SECRETARY OF STALE TALLAHASSEE, FLORIDA



## **COVER LETTER**

Registration Section Division of Corporations

TO:

CLUSTEATE	OPERTIES, LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Uzi Grinberg		
		Name of Person	<del> </del>
	-	Firm/Company	<del></del>
	10682 SW 53rd St		
	Cooper City, FL 33328	Address	
		City/State and Zip Code	
	uzi.g@hotmail.com E-mail address: (	to be used for future annual report not	itication)
For further information	concerning this matter, please c	all:	
Uzi Grinberg		404 783-4600 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	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ULG PROPERTIES, LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our record I Liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Compan Florida document number $\frac{1.19000272202}{1.19000272202}$ .	y were filed on October 31, 2019	9 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC	C" 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:		ZIZ3 AUG SECRETA
(Mailing address MAY BE A POST OFFICE BOX)	-	SSA
		in a li
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter</u>	
Name of New Registered Agent:		
New Registered Office Address:		,
	Enter Florida street addre	38
		lorida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as	te performance of my duties, a	ind I am familiar with and

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>	<u>Address</u>	Type of Action
AMBR	UZI GRINBERG	5601 POWERLINE ROAD SUITE 301	□Add
		FORT LAUDERDALE, FL 33309	Remove
			□Change
AMBR	LILIAN GRINBERG	5601 POWERLINE ROAD SUITE 301	□Add
		FORT LAUDERDALE, FL 33309	<b>≡</b> Remove
		<del></del>	□ Change
AMBR	ULG2 HOLDINGS LIMITED PARTNERSHIP	Po Box 292454	<b>≡</b> Add
		Davie, F1.33329	□Remove
			□Change
			□Add
		<del></del>	□Remove
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ffective date, if other than the date must be	e specific and cannot be p			1 7 4 744	
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