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COVER LETTER

Division of Corporations
SUBJECT: Ulban Domos Construction Uc Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ivelisse Gonzaliz Name of Person
Urban Domus Construction Firm/Company
140 Uw 37 st Address
Miami Fl 33127 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (954) 319-7659 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status \$\Bigcup \$ Certificate of Status & \Bigcup \$ Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)		
The Articles of Organization for this Limited Liability Company we Florida document number <u>LO4000008</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability		and assign	ned
The new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Company," the designation "LLC" or the	e abbreviation "L.L.C	······································
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	h/k		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, <u>ent</u>	er the name of	the nev
Name of New Registered Agent:	Alq		3 6 6 7 7 7
New Registered Office Address:	Enter Florida street address	1	
	City Florida	Zip Code	

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 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 140 NW 37 St Miami A, 33127 □ Remove _ 🛶 🗀 ange 140 UW 37 ST Add Picardo I. Gonzalez AHBR Miani Fl, 33127 □ Remove ☐ Change MGR IVelisse R 140 Uw 375t Gonzalez Miami, Fl, 33127 PRemove □ Change AMBR Ivelisse 140 UW 37 St DAdd GM2 aliz Miany F1, 33/21 premove ☐ Change ☐ Add □ Remove ☐ Change □ Add ☐ Remove

☐ Change

				 	
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E. Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in the document's effective date on the	must be specific and ca s block does not med	annot be prior to date of et the applicable sta	of filing or more than 90	days after filing.) Pursuan	it to 605.0207 (3) be listed as the
If the record specifies a dela (b) The 90th day after the		te, but not an e	ffective time, at	12:01 a.m. on the	earlier of:
Dated 3/12/19	Kutuk	#/	······································		
	Signature of a men	mber or authorized ro M 7 a yped or printed name	presentative of a memb LZ of signee	er	

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Filing Fee: \$25.00