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COVER LETTER

Division of Cor	porations		
NEW URB	AN DEVELOPMENT, LLC		
SUBJECT:	Name of Lin	nited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	OLIVER L. GROSS		
		Name of Person	
	NEW URBAN DEVELOR	PMENT, LLC	
	 	Firm/Company	
	8500 NW 25TH AVENUE	Ē	
		Address	
	MIAMI, FL 33147		
	NDESAMOURS@NUDLL	City/State and Zip Code .C.ORG	
	E-mail address: (to be used for future annual report notifi	cation)
For further information e	oncerning this matter, please c	alt:	
OLIVER L. GROSS		305 696-4450	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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 ADDRESS:

!

Registration Section

TO:

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

NEW URBAN DEVELOPMENT, LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on $\frac{04/28/2005}{\text{Lorida document number}}$		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	tail Lighility Commons "the decimation "LLC" o	the abharitation of LC
Enter new principal offices address, if applicable:	ted Elability Company, the designation (Elector	
(Principal office address MUST BE A STREET A	ESS)	1
Enter new mailing address, if applicable:		M. 7: 23
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		enter the name of the
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	City	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

<u>Title</u>	Name	Address	Type of Action
VP	ELON METOYER	8500 NW 25TH AVENUE	
			Add
		MIAMI, FL 33147	_
			Remove
	KEITH A. FRANKLIN	8500 NW 25TH AVENUE	Change
AMBR			Add
<u> </u>		MIAMI, FL 33147	
			Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	□ Add
			□ Remove_
			
			□ Change
			23
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	pecifies a de day after th			e, but no	t an effec	tive time	, at 12:01	a.m. on t	ne ear	lier of
Dated		_	∂ û "							
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Typed or printed name of signee

Filing Fee: \$25.00