

LOS 0000 42938

161

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

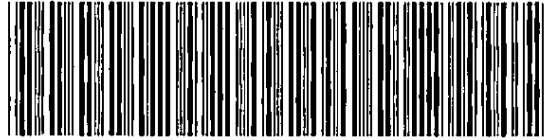
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/13/24--01029--022 **225.00

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Invoice Date	Supplier Reference Number	PO Number	Invoice Amount	Discount Due Date	Invoice Due Date	Discount Taken	Payment Amount	Memo
06/05/24	L040000905491-/1509 Venture, LLC		25.00		06/05/24	0.00	25.00	L040000905491 - 1509 Venture, LLC
06/05/24	L04000090551/ Biscayne View Properties, LLC		25.00		06/05/24	0.00	25.00	L04000090551 - Biscayne View Properties LLC
06/05/24	L05000042934 -/ TriProp, LLC		25.00		06/05/24	0.00	25.00	L05000042934 - TriProp, LLC
06/05/24	L05000042936 / CrestRE, LLC		25.00		06/05/24	0.00	25.00	L05000042936 - CrestRE, LLC
06/05/24	L05000042938/East Urban		25.00		06/05/24	0.00	25.00	L05000042938 - East Urban
06/05/24	L06000003184 / 7th Ave Market, LLC		25.00		06/05/24	0.00	25.00	L06000003184 - 7th Ave Market, LLC
06/05/24	L1000007217 / Ten Bor, LLC		25.00		06/05/24	0.00	25.00	L1000007217 - Ten Bor, LLC
06/05/24	L10000072381/ Equi Terra, LLC		25.00		06/05/24	0.00	25.00	L10000072381 - Equi Terra, LLC
06/05/24	L10000072667 / PT Property Holding, LLC		25.00		06/05/24	0.00	25.00	L10000072667- PT Property Holding, LLC
Total			\$225.00			\$0.00	\$225.00	
Inquiries regarding this payment, please contact: 305-284-3564								

ENCLOSURE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: East Urban LLC

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:

Humberto Speziani

Name of Person

East Urban LLC

Firm/Company

1501 NW 9th Avenue Suite 226.15

Address

Miami, FL 33136

City/State and Zip Code

seg153@miami.edu

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Susan Gonzalez

at (305) 243-3916

Name of Person

Area Code

Daytime 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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**

East Urban LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/02/2005 and assigned
Florida document number 1.05000042938.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

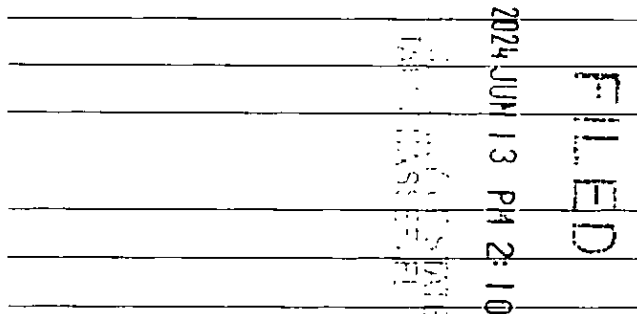
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)



B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

5187 Ponce de Leon Blvd.

Enter Florida street address

Coral Gables

City

Florida

33146

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

document envelope ID: 603268f02-60E2-423E-9f60-88f25F03775E
 If naming 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

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated May 23 2024

DocuSigned by:

Stephen Woodbridge

~~7301E2033CF2J54~~

Signature of a member or authorized representative of a member

Stephen Wooldridge

Typed or printed name of signee

Filing Fee: \$25.00