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EXAMINER



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SECRETARY OF SELECTION OF COLUMN

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: URBAN LIVING TAMPA, 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:
MARVIA MEEKS Name of Person
Name of Person
URBAN LIVING (AMA) Firm/Company
Firm/Company *
101 N 12 TH ST #102
Address
TAMPA FL 33602 City/State and Zip Code
·
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MARVIN MEEKS at (813) 871-0811
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 Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

DIVISE		
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1) RBAN / WW	G TAM	0A 11C	si.	PHIZ: 05	
(Name of the Limited L		as it now appears	on our records.)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
·			12/2 -	,	
The Articles of Organization for this Limited Lial		vere filed onl	13/2008	and assigned	
Florida document number LO8 000000	<u>671</u> .				
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liabil	ity company here:	:		
URBAN LIVING TAME	DA BOW	110			
The new name must be distinguishable and end with "L.L.C."	the words "Limite	ed Liability Company			
Enter new principal offices address, if applical	ole:	101 H	12TH ST	#102	
(Principal office address MUST BE A STREET	ADDRESS)	TAMPA	FL 3	3602	
Enter new mailing address, if applicable:		101 N	12 TH ST	+102	
(Mailing address MAY BE A POST OFFICE BOX)		101 N 12 TH ST #102 TAMPA PL 33602			
B. If amending the registered agent and/or registered agent and/or the new registered offi			r records, enter	the name of the new	
Name of New Registered Agent:		VIJ MEEL			
New Registered Office Address:	2				
	r Florida street ad	ldress			
TAM		PA	, Florida _	33602 Zip Code	
		City	 -	Zip Code	
New Registered Agent's Signature, if changing Re	gistered 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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, thereby confirm that the limited liability company has been notified in writing of this change.

If banging Registered Agent, Signature of New Registered Agent

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR'= Manager MGRM = Managing Member Title Name **Address** Type of Action Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) SHAREHOLDER Dated Signature of a member or authorized representative of a member MEEKS MARYIN MEEKS
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00