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EXAMINER



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## **COVER LETTER**

Division of Co	rporations						
SUBJECT:	Urban Style Flats LLC						
Sobsect.		ited Liability Company					
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.					
Please return all corresp	ondence concerning this matter	to the following:					
		John M. Taylor					
	<del></del>						
Firm/Company							
	300 10th St. S.						
	City/State and Zip Code						
	john.taylor@urbanstyleflats.com  E-mail address: (to be used for future annual report notification)						
For further information	concerning this matter, please o	call:					
John Taylor		at ( 727 ) Area Code &	608-70	037			
Name	of Person	Area Code &	Daytime Telepho	ne 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 en		660.00 Filing Fee, Certificate of Status & 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	Urban Style Liability Compa Florida Limited L	Flats LLC ny as it now appears Liability Company)	on our records.)		
The Articles of Organization for this Limited L Florida document numberL1000004	were filed on	04/19/2010	and assign	ned	
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company here:			
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ited Liability Company	y," the designation "L	LC" or the abb	reviation
Enter new principal offices address, if applic	300 10th St. S.			وشم	
(Principal office address MUST BE A STREE	St. Petersburg		2	Nà Să	
		000 4011 04 0		MAY 28	<u>- 22</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	300 10th St. S. St. Petersburg				
B. If amending the registered agent and/ registered agent and/or the new registered o	or registered of ffice address her	ffice address on ou e:	r records, <u>enter th</u>	ne name of	the new
Name of New Registered Agent:	John M. Ta	ylor			
New Registered Office Address:	300 10th St	<del></del>	r Florida street addr	*455	
	C+				
	Petersburg City	, Florida	33705 Zip Code		
New Registered Agent's Signature, if changing	Registered Agents	•		•	

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, 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 amen sing 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 **Type of Action** <u>Address</u> **Title** <u>Name</u> **MGRM** Henry B. Bentley 16600 Gulf Blvd. #337 **☑** Add N. Redington Bch., FL 33708 Remove MGRM Michael T. Perry 720 8th St. N. #1 St. Petersburg, FL 33701 ☐ Add \_ Remove ∏Add Remove Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) None May 24 2010 Dated \_\_\_ Signature of a member or authorized representative of a member John M. Taylor Typed or printed name of signee

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Filing Fee: \$25.00