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EXAMINER

COVER LETTER

TO:	Registration Section Division of Corpo		% . "	•			
SUBJE	.CT:	* U	IRBAN IQ LLC				
	V	Name of	Limited Liability Company		_		
The enc	closed Articles of An	endment and fee(s) an	e submitted for filing.				
Please r	eturn all corresponde	ence concerning this m	natter to the following:				
			CAMILO GIRALDO				
			Name of Person				
			URBAN IQ LLC				
			Firm/Company	10-3101 11			
			21055 NE 37 Avenue # 7	709			
			Address			12	
			Aventura, FL 33180			FEB	esta, cure
City/State and Zip Code			B 23	Ave trace.			
			info@urhania.co		<u> </u>		; 3 b
	-	E-mail addre	info@urbaniq.co ess: (to be used for future annual rep	ort notification)	<u></u> .	교	الاستان المستان المستا المستان المستان المستا
For furt	her information conc	erning this matter, plea	ase call;		ORIDA	3: 00	
	CAMILO	GIRALDO	at (786)	393-3947		_	
	Name of Pe	rson	Area Code &	t Daytime Telephone Nur	nber		
Enclose	d is a check for the f	ollowing amount:					
₽\$2 5.	00 Filing Fee [\$30.00 Filing Fee & Certificate of Statu	ss State Certified Copy (additional copy is e	Certi enclosed) Certi	Filing Fection Filips F	tatus &	

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

(Name of the Limited Liab (A Flori	URBAN IQ LLC <u>ility Company as it now appears</u> ida Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liabilit		ebruary 17, 2012 and assigned		
This amendment is submitted to amend the following	3:			
A. If amending name, enter the new name of the	limited liability company here	:		
The new name must be distinguishable and end with the 'L.L.C."		ry," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:		70. 2		
<u> Principal office address MUST BE A STREET AD</u>	ODRESS)			
		# E		
		တို့က မ		
Enter new mailing address, if applicable:				
Mailing address MAY BE A POST OFFICE BOX	<u></u>	55 es <u>an</u>		
		20 0 0 0		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ır records, <u>enter the name of the new</u>		
Name of New Registered Agent:				
New Registered Office Address:				
	Ente	er Florida street address		
		, Florida		
	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 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 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 <u>Title</u> **Type of Action** <u>Name</u> **Address** 3025 Wister Circle Valrico, FL 33596 ROBERT CALISTRI MGR-✓ Add Remove ☐ Add ☐ Remove ☐ Add ☐ Remove Remove \square Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Fes 21 , 2012 . Signature of a member or authorized representative of a member CAMILO GODALDO
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00