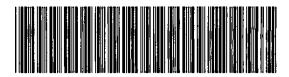
<u>C12000117912</u>

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	TIAW	MAIL.
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900287431869

07/01/16--01007--002 **25.00

2016 JUL -1 P D: 5

OUN OF MIS O BRUCE

COVER LETTER

Divi	sion of Corpo	prations				
SUBJECT:	URBAN GRO	OUP DESIGN BUILD LLC				
SUBSECT.		Name of Limited Liability Company				
The enclosed	Articles of Ar	mendment and fee(s) are submitted for filing.				
Please return	all correspond	dence concerning this matter to the following:				
		ANDRES ZELERTEINS				
	Name of Person					
		URBAN GROUP DESIGN BUILD				
		Firm/Company				
		1852 FLETCHER STREET				
		Address				
		HOLLYWOOD FLORIDA 33020				
		City/State and Zip Code	20			
		ANDY@UGDESIGNBUILD.COM	♂			
For further in	formation con	E-mail address: (to be used for future annual report notification)				
ANDRES ZE		786 344.3108 TO				
	Name of P	Person Area Code Daytime Telephone Number	2 2			
Enclosed is a	check for the	following amount:				
2 \$25.00 Fi	ling Fee	(additional copy is enclosed) Certified Co	of Status &			

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

URBAN GROUP DESIGN BUILD LLC			
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our a Limited Liability Company)	records.)	
The Articles of Organization for this Limited Liability C Florida document number L12000117912	Company were filed on 09/14/201	2	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here:		
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation	on "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:	 		
(Principal office address MUST BE A STREET ADD)	RESS)	uarrid I.Pr	<u></u>
Enter new mailing address, if applicable:		SS =	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	
			<u> </u>
		<u> </u>	<u>~</u>
B. If amending the registered agent and/or registered agent and/or the new registered office add		ecords, <u>enter</u>	the name of the r
Name of New Registered Agent:			
New Registered Office Address:			
- -	Enter Florida stree	et address	
	Cin	, Florida	Zip Code
	City		zıp Соае

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>	<u>Name</u>	Address	Type of Action
MGR	ANDRES ZELERTEINS	1852 FLETCHER STREET	
		HOLLYWOOD FLORIDA 33020	☐ Remove
			☐ Change
MGR	MARIANO ISMAN	1852 FLETCHER ST	
		HOLLYWOOD FL 33020	■ Remove
			☐ Change
MGR	GISELA SHILMAN	1852 FLETCHER ST	■ Add
		HOLLYWOOD FL 33020	☐ Remove
MCD	CAMUEL EL ELCOUER	1852 FLETCHER ST	□ Change
MGR	SAMUEL FLEISCHER	1832 FLETCHER ST	AR S Add
		HOLLYWOOD FL 33020	CS → Remove
			Change
			D Vqq D
			Remove
			☐ Change
			Add
			☐ Remove
			□ Change

					<u> </u>	· · · · · · · · · · · · · · · · · · ·			-
<u></u>		· 							-
									-
									_
									-
									_
									-
									-
									-
		~	 						-
									_
							· , · . · · · · · · · · · · · · · · · ·		_
									_
							,		_
									_
									_
fective	late, if other	than the date	of filing:		0.50		(optional)	. B	5 00
	e date inserted	in this block do	es not mee	t the applical					
ote: If th	s effective date	on the Departm	ient of State	e's records.					
ote: If th									
ote: If the coment'	specifies a	delayed effe		e, but not	an effective	time, at 12	:01 a.m. d	on the earl	ier
ote: If the cument'	specifies a	delayed effe the record is		e, but not	an effective	time, at 12	:01 a.m. (on the earl	ier
ote: If the count of the count of the second	specifies a h day after	the record is		e, but not	an effective	time, at 12	:01 a.m. (on the earl	ier
ote: If the count of the count of the second	specifies a			. .	an effective	time, at 12	:01 a.m. (on the earl	ier
ote: If the count of the count of the second	specifies a h day after	the record is	s filed.	2019	an effective		:01 a.m. (on the earl	ier
ote: If the ocument'	specifies a h day after	the record is	s filed.	2019			:01 a.m. (20	ier

Filing Fee: \$25.00