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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: URBAN CONCEPT PAINTING 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:
PABLO ERCORECA Name of Person
URBAN CONCEPT PAINTING Firm/Company
14099 BELCHER RD. S. UNIT 1207
CARGO-FLORIDA-33771 City/State and Zip Code
URBANCONCEPT PAINTING COUTLOOK, COMP E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
PABLO ET CORECA at (8/3) 409-0570 Name of Person Area Code Daytime Telephone Number 55 Enclosed is a check for the following amount:
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee Certificate of Status □ \$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

The Articles of Organization for this Limited Liability Company were filed on 07-05-2020 and assigned Florida document number <u>L</u> 13000151108 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: NONE 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) NONE 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: NONE Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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.	Yesica Isabel BAEZ	14099 BELDER RO.S. UNIT120-	Add [MAdd
		LARGO FLORIDA-33771	🗆 Remove
			□Change
			□Add
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			□Change
			□Add
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			□Add
			□Remove

_	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
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(If an effect Note: If	e date, if other than the date of filing: $07-06-2020$ (optional) ive 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 (the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tat's effective date on the Department of State's records.
ne record s ord is filed	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
Dated	07-06-2020 . 12:01 AM.
	Signature of a member or authorized representative of a member
	PABLO ERCORECA Typed or printed name of signee

Filing Fee: \$25.00