## L150000065035

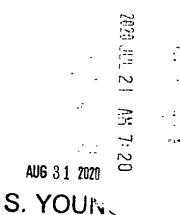
| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |





700348856507

07/24/20--01020 -007 \*\*25.00



## **COVER LETTER**

| TO: Registration Section<br>Division of Corporati | ons                       |   |                                     | •  |
|---|---------------------------|---|-------------------------------------|--|
|   |                           |   |                                     |  |
| SUBJECT: URG Brick                                | ell First, LLC            | Sand Linkilling Commence                |                                     |  |
|   | Name of Lim               | ited Liability Company                  |                                     |  |
| The enclosed Articles of Amend                    | iment and fec(s) are sub  | mitted for filing.                      |                                     |  |
| Please return all correspondence                  | concerning this matter    | to the following:                       |                                     |  |
|   | John Militana             |   |                                     |  |
| _   |                           | Name of Person                          |                                     |  |
|   | Militana, Mili            | tana & Militana                         | 1, PA                               |  |
|   |                           | Firm/Company                            |                                     |  |
|   | 8801 Biscavne             | Blvd., Ste. 101                         | l                                   |  |
| _   |                           | Address                                 |                                     | <del>_</del>   |
|   |                           |   |                                     |  |
| _   | Miami, FL 331             | 38<br>City/State and Zip Coo            | de                                  | <del></del>  |
|   | JMilitanalaw@g            | •                                       |                                     |  |
|   | E-mail address: (         | to be used for future annu              | al report notification)             |  |
| For further information concern                   | ing this matter, please c | all:                                    |                                     |  |
| John Militana                                     |                           | at (305)_                               | 758-6691                            |  |
| Name of Person                                    | 1                         | Area Code                               | Daytime Teleph                      | one Number   |
| Enclosed is a check for the folio                 | wing emount!              |   |                                     |  |
| _   | 30.00 Filing Fee &        | ☐ \$55.00 Filing Fe                     |                                     | \$60.00 Filing Fee,  |
| □ \$25.00 Filing Fee □ \$                         | Certificate of Status     | Certified Copy<br>(additional copy is o |                                     | Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|   |                           |   |                                     |  |
| Mailing Address:                                  |                           | <u>Street</u>                           | Address:<br>stration Section        |  |
| Registration Section Division of Corpor           |                           | Divis                                   | ion of Corporation                  | ons  |
| P.O. Box 6327                                     | p0,0110                   | The C                                   | Centre of Tallahas                  | ssee   |
| Tallahassee, FL 32                                | 314                       |   | N. Monroe Stree<br>hassee, FL 32303 |  |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ORC Post-b-1  | 1 Pinch IIC  | . 2                                       |
|---|--|---|
| (Name of the Limited  | 1 First, LLC Liability Company as it now appears on A Florida Limited Liability Company) | our records.)                             |
| The Articles of Organization for this Limited Lia   |  | المبدار                                   |
| Florida document number <u>L15000065035</u>   |  | 0   |
| This amendment is submitted to amend the follow   | wing:  |   |
| A. If amending name, enter the new name of  |  |   |
| The new name must be distinguishable and contain the wo-                                    | rds "Limited Liability Company," the design  | nation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applica   | ble:   |   |
| (Principal office address MUST BE A STREET  | ADDRESS)   |   |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B          | 10X)   |   |
| B. If amending the registered agent and/or reagent and/or the new registered office address | gistered office address on our recoi<br>here:  | ds, enter the name of the new register    |
| Name of New Registered Agent:   |  |   |
| New Registered Office Address:  | Enter Florida s  | ireel 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 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 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> | Name           | Address                       | Type of Action |
|--------------|----------------|-------------------------------|----------------|
| MGR          | Zaina Alnafisi | 8801 Biscayne Blvd., Ste. 101 | bbAkk          |
|              |                | Miami, FL 33138               | □Remove        |
|              |                |                               | []Change       |
|              |                |                               |                |
|              |                |                               | [] Remove      |
|              |                |                               | [] Change      |
|              |                |                               | □Add           |
|              |                |                               | □Remove        |
|              |                |                               | Change         |
|              |                |                               | □ Add          |
|              |                |                               | □Remove        |
|              |                |                               | Change         |
|              |                |                               | 🗆 🗖 Add        |
|              |                |                               | □ Remove       |
|              |                |                               | □Change        |
|              |                |                               | 🗆 Add          |
|              |                |                               | □Remove        |
|              |                |                               | Change         |

| fame    | nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)  |
|---------|---|
| _       |   |
|         |   |
| _       |   |
| -       |   |
| -       |   |
| -       |   |
| _       |   |
| _       |   |
| _       |   |
|         |   |
| -       |   |
| -       |   |
| -       |   |
| -       |   |
| -       |   |
| _       |   |
|         |   |
| •       |   |
| •       |   |
|         | ive date, if other than the date of filing: July 1, 2020 (optional)  ective 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 (  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records. |
| e recor | d 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 led.   |
| Dated   | July 10 , 2020 .  |
|         | Signature of a member or authorized representative of a member  |
|         | -   |
|         | Mohammad Alnafisi Typed or printed name of signee   |

Filing Fee: \$25.00