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S. WARREN JUL 28 2017

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Urban teleam fl. Name of Limited Liability Compan	<u>, , , , , , , , , , , , , , , , , , , </u>
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
CHRISTOPHER RUN	170
United tel	
8728 Eagle Ron Di	2
Christe United L. E-mail address: (to be used for future an	Tode Detail report notification)
For further information concerning this matter, please call:	
CHUSTOPHEL RONZO at SO/ Name of Person Area Code	NEW BUSINESS
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\square \$30.00 Filing Fee & \$55.00 Filing Certificate of Status \$\square\$ (additional copy	Certificate of Status &
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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

Urbantelerum	+ fL
(Name of the Limited Liability Compar (A Florida Limited L	y as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company of Florida document number 4/5000/2218/	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	United tel PO BOX 880165 BOCA RATION FL 33488
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is address, I hereby confirm that the limited liability ging Registered Agent Signature of New Registered Agent
Page 1	01.5

amendin r removed	g Authorized Person(s) authorized to I from our records:	manage, enter the title, name, an	d address of each person_being ad
IGR = N MBR = A	Manager Authorized Member		
<u>'itle</u>	Name	Address	Type of Action
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If amending any othe	r information, enter cha	nge(s) here: (Atta	ch additional sheet	s, if necessary.)	
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affective date, if other	r than the date of filing:	7/2		(optional)	
Note: If the date inserte	d in this block does not me	et the applicable state	f filing or more than 90 utory filing requiren	days after filing.) Pursuant to 60 tents, this date will not be list	05.0201 sted as
document's effective da	te on the Department of Sta	te's records.			
e record specifies a	a delayed effective da	te, but not an ef	 fective time, at :	12:01 a.m. on the ear	lier o
The 90th day afte	r the record is filed.				
Dated	27/17				
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	Signature of a me	mber or authorized rep	resentative of a member		
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		Page 3 of 3		≫ ™ ω	

Filing Fee: \$25.00