L160000 13373

(Re	questor's Name)	
· •		
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Ви	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
•		
	·	

Office Use Only



100282621511

TAPIAHASSEE FLORIDA

03/02/16--01009--014 **25.00

MAR O 4 2016 J. HARRIS

KRISTOPHER E. FERNANDEZ

Attorney at Law

114 S. Fremont Avenue Telephone (813) 832-6340 E-mail address: Tampa, Florida 33606 Facsimile (813) 251-0438 Kfernandez@kfernandezlaw.com

February 26, 2016

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

Urban League of Hillsborough County, LLC

L16000013373

Dear Sir/Madam:

Enclosed is an Articles of Amendment to Articles of Organization of the above-referenced corporation.

Also enclosed is my check number 12062 in the amount of \$25.00 for the fee to file the Articles of Amendment to Articles of Organization of above-referenced corporation.

Thank you for your assistance. Please contact me if you have any questions.

Very truly yours,

Kristopher É. Fernandez

Enclosures

Cc: Urban League of Hillsborough County, LLC

COVER LETTER

TO:		istration Sect sion of Corp				
SHE	зјест:	URBAN LEA	AGUE OF HILLSBOROUGH COUNTY, LLC			
501	JEC1.		Name of Limited Liability Company			
			Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following:			
1 ica	se return	an correspond				
Kristopher E. Fernandez, Esquire						
Name of Person						
Kristopher E. Fernandez, PA						
Firm/Company						
			114 S. Fremont Avenue			
Address						
			Tampa, FL 33606			
			City/State and Zip Code			
kfernandez@kfernandezlaw.com E-mail address: (to be used for future annual report notification)						
For	further in	formation cor	ncerning this matter, please call:			
Kristopher E. Fernandez 813 832-6340 at ()						
Name of Person Area Code Daytime Telephone Number						
Enc	losed is a	check for the	e following amount:			
	\$25.00 F	iling Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)			

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 Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIRRAN LEAGUE OF HILL SPOROLIGH COUNTY LLC

(Name of the Limi	ted Liability Company as it n (A Florida Limited Liability C	ow appears on our records.) Company)	
The Articles of Organization for this Limited L Florida document number L16000013373	iability Company were fil	led on January 20, 2016	and assigned
This amendment is submitted to amend the foli	lowing:		
A. If amending name, enter the new name of	of the limited liability cor	mpany here:	
The new name must be distinguishable and contain the	words "Limited Liability Comp	pany," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		·
Enter new mailing address, if applicable:	41-0-2		TALLUSEC N TO
(Mailing address MAY BE A POST OFFICE BOX)			二二 四 ※
	**************************************		25 2 T
B. If amending the registered agent and registered agent and/or the new registered of		ldress on our records, <u>ente</u>	The same
Name of New Registered Agent:	Stanley Gray		
New Registered Office Address:	3020 W. Harbor View	Ave	
	Tampa	, Florida	33611
	Cit	ν	Zin 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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			Add
			Change
			Change Change

			Add
			□ Remove
			-

		The state of the s					

					· · · · · · · · · · · · · · · · · · ·	-	
							•
			, , , , , , , , , , , , , , , , , , , ,				•
<u>-</u> -				<u> </u>			•
							-
							-
					- Language out		-
M.L.i							-
					, , , , , , , , , , , , , , , , , , , 		-
					to your result of the second		-
		<u> </u>		······· <u>·</u> ····························			-
							_
							_
		Medical districts		August 1975		- Annual Marketine	_
Effective	date, if other tha	n the date of fili	ing:		(optional	I)	- - -
Note: If	e date, if other that ive date is listed, the date the date inserted in t's effective date on	this block does no	t meet the applicat	date of filing or more	(optiona than 90 days after filin equirements, this dat	I) gg.) Pursuant to 60 te will not be lis	- 05.0207 sted as
<u>Note:</u> If document ne recor	the date inserted in	this block does no the Department o elayed effective	of meet the applicate of State's records. Be date, but not	ole statutory filing n	equirements, this dat	te will not be lis	ited as
Note: If document he recor The 9	the date inserted in this effective date on rd specifies a de	this block does no the Department o elayed effective	of meet the applicate of State's records. Be date, but not	ole statutory filing n	equirements, this dat	te will not be list i. on the earl $ au_{\Lambda}$	ited as
Note: If document he recor The 9	the date inserted in this effective date on rd specifies a de	this block does no the Department of elayed effective the record is file	of meet the applicate of State's records. e date, but not d.	ole statutory filing n	equirements, this dat	te will not be list	ier of
Note: If document	the date inserted in this effective date on rd specifies a de	this block does no the Department of elayed effective the record is file	of meet the applicate of State's records. e date, but not d.	an effective tim	equirements, this dat	i. on the earl	ier of

Page 3 of 3

Filing Fee: \$25.00