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COVER LETTER

	Registration Solivision of Col				
CLID IEC	Urban Coll	ectives, LLC			
SUBJECT:					
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please ret	um all correspo	ondence concerning this matter	to the following:		
		Kenneth Hassell			
			Name of Person		
		Urban Collectives			
			Firm/Company	***************************************	
		4522 W Village Drive, #5	11		
		·	Address		
		Tampa, FL 33624			
			City/State and Zip Code		
		khassell@gmail.com			
		E-mail address: (to be used for future annual report notif	ication)	
For further	r information c	oncerning this matter, please c	all:		
Kenneth F	lassell		888 222-0569		
	Name o	f Person		e Telephone Number	
Enclosed i	s a check for th	ne following amount:			
□ \$25.00) Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$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/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 Collectives, LLC				
(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our records. Liability Company))		
The Articles of Organization for this Limited Liability Company Florida document number L16000150705	were filed on 08/11/2016	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" of	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	4522 W Village Drive	TAL TAL		
(Principal office address MUST BE A STREET ADDRESS)	Suite 511	CRE LAP FE		
	Tampa, FL 33624	TAFI AS		
Enter new mailing address, if applicable:	4522 W Village Drive	PH 7:		
(Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 33624	- S		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records,	enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	, Flor			
	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 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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
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ective date, if other than the date of filing: n effective date is listed, the date must be specific and ca	annot be prior to date of filing or more than 90 days after filing.) Pursuant to 6	05.02
<u>ste:</u> If the date inserted in this block does not mee cument's effective date on the Department of State	et the applicable statutory filing requirements, this date will not be lite's records.	isted
record specifies a delayed effective dat The 90th day after the record is filed.	te, but not an effective time, at 12:01 a.m. on the ear	lier
ted February, 20	2018	
V. A	Jakes	

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Typed or printed name of signee

Filing Fee: \$25.00