# 116000150705

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# **COVER LETTER**

то:	Registrati Division o	on Section f Corporations					
CID IN		Collectives, LLC					
SUBJEC	-li <u></u>	Name of Limited Liability Company					
The encl	osed Articl	es of Amendment and fee(s) are submitted for filing.					
Please re	turn all cor	respondence concerning this matter to the following:					
		Kenneth Hassell					
		Name of Person					
		Urban Collectives					
		Firm/Company					
4522 W Village Drive, ste 511							
		Address					
	Tampa, FL 33624						
		City/State and Zip Code					
info@urbancollectives.com  E-mail address: (to be used for future annual report notification)							
For furth	ier informai	ion concerning this matter, please call:					
Kenneth	Hassell	800 786-1630 at ()					
	N	arne of Person Area Code Daytime Telephone Number					
Enclosed	i is a check	for the following amount:					
□ <b>\$</b> 25.	00 Filing F	ce ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status 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 Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Urban Collectives, LLC	
(Name of the Limited Liability Company a (A Florida Limited Liab	as it now appears on our records) ality Company)
The Articles of Organization for this Limited Liability Company we	ere filed on and assigned
Florida document number 1.16000150705	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	y company here:
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)	<u> </u>
	18 SEP
	T 25
Cuton nous molling address if applicables	2 33. 8 33.
Enter new mailing address, if applicable:	<b>9</b> 200
Mailing address MAY BE A POST OFFICE BOX)	
_	<u> </u>
	<del>-</del> :
B. If amending the registered agent and/or registered office	e address on our records, enter the name of the ne
registered agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
<del></del>	Circ 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added</u> or removed from our records:

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Kenneth Hassell	1348 Washington Avenue	□ Add
		Suite 212	
		Miami Beach, FL 33139	■ Remove
		What beach, 15 35137	Change
MGR	Afusa Kamara	4522 W Village Drive	Add
		Suite 511	П. Р
		Tampa, FL 33624	□ Remove
			Change
			D Add
			□ Remove
			☐ Change
			☐ Remove
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ctive date, if other than the o				optional)
effective date is listed, the date must e: If the date inserted in this blo	be specific and cannot b	e prior to date of fil applicable statuto	ing or more than 90 days ry filing requirements	after filing.) Pursuant to 605, this date will not be liste
ument's effective date on the De	partment of State's re	cords.		
ecord specifies a delayed	offactiva data b	ut not an office	etivo timo, et 12:	O1 a.m. on the carlie
ne 90th day after the reco		ut not an enet	tive time, at 12.	or a.m. on the earne
September 21	2018			
ed September 21			~ ~	
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Typed or printed name of signee

Filing Fee: \$25.00