L17000102369

(Ke	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	curnent Number)	
Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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C. GOLDEN Mar 2 6 2020

COVER LETTER

Division of Cor		·	ā.
SUBJECT:	_ontractor U	Ybinas 7, LL	_
	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	W	Name of Person	<u> </u>
		Name of Person	
	Cün	Firm/Company	7, LLC
	11036	NW 4th Terro	166
	Miam	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	fication)
For further information of	concerning this matter, please c	all:	
Name o	of Person	at ()	c Telephone Number
Enclosed is a check for t	he following amount:		
된 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	[] \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	[2] \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration		Street Address: Registration Sec	ction
Distriction		No delication box	

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

> PECEIVED Jili 1 3 2020

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 11, 2020

WILLIAM URBINA 11036 NW 4TH TERRACE MIAMI, FL 33172

SUBJECT: CONTRACTOR URBINAS 7 LLC

Ref. Number: L17000102369

We have received your document for CONTRACTOR URBINAS 7 LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please list the complete street address for each manager/member listed.

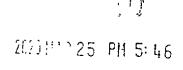
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 020A00002992

Claretha Golden Regulatory Specialist II

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



Contractor Urbin	ompany as it now appears on our records.)
(A Florida Lim	nited Liability Company)
The Articles of Organization for this Limited Liability Comp.	pany were filed on $05/08/3017$ and assigned
forida document number	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
he new name must be distinguishable and contain the words "Limited I	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	C)
Frincipal office address MOST BE A STREET ADDRESS	<u> </u>
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	fice address on our records, enter the name of the new regis
gent and/or the new registered office address here:	
Name of New Registered Agent:	
N D 1 100 100	
Niger Magnetagad (1995) A delgage	
New Registered Office Address:	Enter Florida street address
New Registered Office Address:	Enter Florida street address , Florida

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
AMBR	Gerling Urbina	11036 NW 4in Terrace Migmin FL 33172	ك □Add
			□Remove
			idChange
AMBR	<u>Larmen</u> M Urbina	11036 NW 4th Terrace MIAMIFE 33172	CIAdd
			Remove
			🗹 Change
MGR William Urbina 110	William Urbina	11036 NW 4th Terrace MIAMI, FL 33172	□Add
		□Remove	
			Change
			∐Add
			🗀 Remove
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		<u> </u>	□Add
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		.	Change
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			□ Change

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<u>iote:</u> I	te date, if other than the date of filing:
record is file	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 d.
Intad	December 23rd. 2019.
aicu _	
Jaicu _	Signature of a member or authorized representative of a member