11000124676

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M. S. J. P. R. P. S.

TO: Registration Se Division of Cor				
URBAN O	NE, LLC			
SUBJECT:	Name of Limi	ted Liability Company	<u> </u>	·
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Marjorie Betti			
		Name of Person		
	Hermelee Law, P.L.			
		Firm/Company	<u> </u>	
	2100 Coral Way, Ste 601			
		Address		
	Miami, FL 33145			
		City/State and Zip C	ode	
	marjorie@hermeleelaw.con	· · · · · · · · · · · · · · · · · · ·		
		to be used for future an	nual report notific	ation)
For further information of	concerning this matter, please ca	all:		
Marjorie Betti		305 at (748-6146	
Name (of Person	Area Code	Daytime T	elephone Number
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing F Certified Copy (additional copy)	y	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist Divisio P.O. B	ANG ADDRESS: ration Section on of Corporations lox 6327 assec, FL 32314	Regi Divis Clifti 2661	EET/COURIE stration Section sion of Corporat on Building Executive Cent hassee, FL 3230	ions er Circle

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

URBAN ONE, LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on ou	r records.)
The Articles of Organization for this Limited L. lorida document number L17000124676			and assigned
'his amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		= = = = = = = = = = = = = = = = = = = =
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	/or registered o		records, enter the name of the n
New Registered Office Address:	2100 Coral Wa	ıy, Ste 601	
		Enter Florida stre	et address
	Minmi		Florida 33145
	D	City	Zip Code
New Registered Agent's Signature, if changing		-	
I hereby accept the appointment as register provisions of all statutes relative to the pro	ed agent and agr per and complete	ree to act in this capac. To performance of my di	ity. I further agree to comply with ties, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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.

lf amendi or remove	ng Authorized Person(s) authorized to ed from our records:	manage, <u>enter th</u> e title, name, ai	nd address of each person being added
MGR = AMBR =	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			Change
			☐ Add
		<u> </u>	□ Remove
			☐ Change
			□ Add
			☐ Remove
			□ Change
-			
			☐ Remove
			Change
			Add Semove
			Change
		-	
			☐ Remove
			Change

If amend	ding any other information, enter change(s) here: (Attach additional sheets, if no	ecessary.)
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	<u> </u>	
		
		· · · ·
		-
_		
(If an effec <u>Note:</u> If	e date, if other than the date of filing:	ptional) after filing.) Pursuant to 605.0207 this date will not be listed as
	ord specifies a delayed effective date, but not an effective time, at 12:0 poth day after the record is filed.	1 a.m. on the earlier of
Dated _	July 20 Desil	SELAE FALLAH
	Signature of a member or authorized representative of a member Ronald Rover	124 A CT
	Typed or printed name of signee	MH 10: 45
	Page 3 of 3	KM 4

Filing Fee: \$25,00