L17000124676

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Urban One SUBJECT:	LLC						
SUBJECT,	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:					
	Juan Carlos Cacciamani						
	Name of Person						
	Urban One LLC						
	Firm/Company						
	1110 Brickell Ave. Suite 804						
	Address						
	Miami Florida 33131						
	ccacciaman@aol.com	City/State and Zip Code					
	•	to be used for future annual report notif	fication)				
For further information of	concerning this matter, please c	all:					
Juan Carlos Cacciamani		787 2419339					
Name of Person		Area Code Daytime	e Telephone Number				
Enclosed is a check for ti	he 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 Addres		Street Address: Registration Sec	ction				
Division of Corporations		Division of Corporations					
P.O. Box 6327		The Centre of Tallahassee					

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

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

TO ARTICLES OF ORGANIZATION **OF**

2020 MAY -4 AM 9: 12

Urban One LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited)	(A Florida Limited Liability Company)			
The Articles of Organization for this Limited Liability Company Florida document number L17000124676	were filed on 06 07 2017 and			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:	1110 Brickell Ave. Suite 804			
(Principal office address MUST BE A STREET ADDRESS)	Miami, Florida 33131			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1110 Brickell Ave. Suite 804 Miami, Florida 33131			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	Florida			
New Registered Agent's Signature, if changing Registered Agent:	City Zip Co			
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I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to co provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this de being filed to merely reflect a change in the registered office address, I hereby confirm that the limited lia company has been notified in writing of this change.

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Tyr
MGR	Juan Carlos Cacciamani	PO Box 16702, San Juan, PR 00908	_ =
			_
			□
MGR	Luciano Cacciamani	9055 SW 73 CT, Apt 1001, Miami, Fl 33156	_ 🖹
MGR	Ronald Rover	PO Box 9020020, San Juan , PR 00902	
	Ronald Rovel		_ [
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MGR	Andres Cacciamani	21 Madeira Ave. #18, Miami, Fl 33134	_
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(If an effe <u>Note:</u> I	ve date, if other than the etive date is listed, the date mus f the date inserted in this blent's effective date on the De	it be specific and ock does not m	cannot be prior to neet the applicat	date of filing or oble statutory fili	nore than 90 days after	onal) r filing.) Pursuan s date will not
If the record record is file	specifies a delayed effectived.	e date, but not	an effective tim	ie, at 12:01 a.m.	on the earlier of: (b) The 90th d
Dated _	pril 28		2020	_ ·		
	-	Signature of a n	nember or author	ized representativ	e of a member	
	Juan Carlos Cacciamni					
			Typed or printed	name of signee		

Filing Fee: \$25.00