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PICK-UP	☐ WAIT	MAIL
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(60	isiness Entity Name)
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Certified Copies	Certificates o	f Status
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COVER LETTER

TO:	Registration Se Division of Cor				
erin	ADI Urbar				
Name of Limited Liability Company					
The o	enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Pleas	se return all correspo	ondence concerning this matter	to the following:		
		Steven Berkeley			
			Name of Person		
		AD 1 Management, Inc.			
	Firm/Company 1955 Harrison Street, Suite 200				
		 	Address		
		Hollywood, FL 330202			
			City/State and Zip Code		
		steven.bcrkeley@ad1global			
			to be used for future annual report notif	ication)	
For t	further information c	oncerning this matter, please co	ill:		
Stev	en Berkeley		954 404-9303 at () Area Code Daytime		
	Name o	f Person	Area Code Daytime	: Telephone Number	
Encl	osed is a check for the	he following amount:			
3	\$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)	

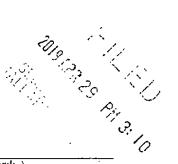
MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



AD1 Urban SW, LLC

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

The Articles of Organization for this Limited Liabilit Florida document number $\frac{1.17000141134}{1.000141134}$	·	iled on <u>June 29, 2017</u>	and assigned
This amendment is submitted to amend the following	5.		
A. If amending name, enter the new name of the	limited liability co	mpany here:	
The new name must be distinguishable and contain the words	Limited Liability Com	pany," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>		
(Principal office address MUST BE A STREET AL	ODRESS)		
•			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	2		
B. If amending the registered agent and/or re registered agent and/or the new registered office a	* *	ddress on our records, <u>e</u>	nter the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street address	
		, Floric	la
	Ci	'n'	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 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
MGR	AD1 Urban Strategy Management, LLC	1955 Harrison Street, Suite 200, Hollywood, FL 33020	B Add
			Remove
			Change
MGR	MGR AD 1 Management, Inc.	1955 Harrison Street, Suite 200, Hollywood, F1, 33020	□ Add
			■ Remove
			Change
MGR	PEU Master, LLC	1955 Harrison Street, Suite 200, Hollywood, FL 33020	Add
			■ Remove
			Change
			Remove
			☐ Change
			□ Remove
			Change
			Add
			☐ Remove
			☐ Change

E. Effective date, if other than the date of filing:
document's effective date on the Department of State's records.
If the record 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 record is filed.
Dated April 22 2019
Signature of a member of authorized representative of a member
Steven Berkeley, Authorized Person

Typed or printed name of signee