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(Re	equestor's Name)	<u> </u>
(Ad	ddress)	
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COVER LETTER

Division of Cor			
SUBJECT: Urba	Professional Li-	Festyle & Media, LLC ited 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:	
	Sakeens	A Mathis Name of Person	
	Urban Professi	oral Lifestyle Medic	LLC.
	303 SW 6th	Street Penthase En	95}
	Fort Laudeedale Sakffya 10 6 E-mail address: (1	Florida 35315 City/State and Zip Code Comail Com to be used for future annual report notifi	ication)
For further information c	oncerning this matter, please ca	ill:	
SAKEENA Name o	Math's	at (<u>305</u>) <u>505</u> . Area Code Daytime	1730 Telephone Number
Enclosed is a check for the	ne 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 ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

Urban Professional	Lifestyle : Media LLC.	
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lial Florida document number	bility Company were filed on <u>08 04 2017</u> 1523	and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the	: abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
		는 동화 _ 3일구
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BO	<u></u>	P #20
		79 23
		32
	r registered office address on our records, ente	er the name of the new
registered agent and/or the new registered office	<u>ce address here</u> :	
Name of New Registered Agent:	···	
New Registered Office Address:		
	Enter Florida street address	
	City	Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent:	

N

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 or removed from our records</u>:

MGR = Manager

AMBR = Au	thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Elgin Dien WattsI	303 SW (et Street Perthava EAST	_) Add
			Remove
			□ Change
AMBR	JUANITA K. Mathis	303 SW 6 Th Street Perthase Fost FORT Laudonte Florida. 33315	Add
			□ Remove
Λ.	¢.		□ Change
AMBR	Sasha B. Mathis	303 SILL 6Th Street Penthauce EAST	Z ∧dd
			□ Remove
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ffective date, if other than the date of filing: June 25, 2018 an effective date is listed, the date must be specific and cannot be prior to date of filing or more that lote: If the date inserted in this block does not meet the applicable statutory filing requocument's effective date on the Department of State's records.	in 90 days after filing.) Pursuant to 605	
e record specifies a delayed effective date, but not an effective time, The 90th day after the record is filed.	at 12:01 a.m. on the earli	er o
ated JUNE 25 . 2018		
Signature of a member or authorized representative of a n	ember	

Page 3 of 3

Filing Fee: \$25.00