Oct 31 2022 16:24	HP Fax page 1 Division of Corporations	
	Florida Department of State Division of Corporations Electronic Elling Coversheet	
	Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.	
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, 	To: Division of Corporations Fax Number : (350)617-6383 From: Account Name : FASTKIT CORP Account Number : I20100000009 Phone : (305)599-0839 Fax Number : (305)592-9591 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**	
f.: 2: 5	Email Address:	
2022 01 - 1	LLC AMND/RESTATE/CORRECT OR M/MG RESIGN URBAN DESTINATIONS, LLC	
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

URBAN DESTINATIONS, 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 Liability Company were filed on 11/29/2017 and assigned Florida document number L17000244361

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

URBAN VENUE SERVICES, LLC		20	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "	LLC or the abbrevia	ion 21	
Enter new principal offices address, if applicable:		OCT	דר
(Principal office address MUST BE A STREET ADDRESS)			
		22	m
	10	çç	D
Enter new mailing address, if applicable:		\sim	
(Mailing address MAY BE A POST OFFICE BOX)			

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florichi street o	ditress
	Сцу	. Florida 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 dutics, 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

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(II an effectiv	t date is listed, the date must be considered and and the second se
<u>Note;</u> If it	e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's record.
occument	effective date on the Department of State's records.
lf the month of	
record is filed	cifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	<u>Detuber</u> 30, ocas
-	1. Talland
	Signature of a member of authorized representative of a member
	I KEON WILLIAMS
	Typed or printed name of signee
	Filing Fee: \$25.00