1180000 14967

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U3/18/19--U1U29--U29 ★★50.0U



J-1-19

COVER LETTER

Division of Corpo	orations		
SUBJECT:	URBN Designance of Limit	n LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Chris	topher Collins Name of Person	
		Name of Person	
	UR	BN Design LL	C
		BN Design LL Firm/Company	
	696 NE	125th Stree	<u>+</u>
	North M	City/State and Zip Code	3316 l
		City/State and Zip Code	
	ccollins@	urbndes 19ngro to be used for future annual report noti	up.com
			neation
For further information cor	ncerning this matter, please ca	all:	
Christoph	ver Collins	at (<u>321</u>) <u>2</u> 77 Area Code Daytim	· 6247
Name of I	rerson	Area Code Dayuni	e receptione (valuoe)
Enclosed is a check for the	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:

TO:

Registration Section

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

URBN Design	LLC				
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)				
The Articles of Organization for this Limited Liability Company v Florida document number <u>L 18000014967</u> .	vere filed on <u>l - 17 - 18</u>	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabil	ity company here:				
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abl	previation "L.L.C."			
Enter new principal offices address, if applicable:	696 NE 125 Street North M. ami, FL 33161				
(Principal office address MUST BE A STREET ADDRESS)	North Miami, FL	33161			
Enter new mailing address, if applicable:	096 NE 125 St North Mani, FL	reet			
(Mailing address MAY BE A POST OFFICE BOX)	North Mani, FL	33161			
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here: Name of New Registered Agent:	ice address on our records, <u>enter</u>	the name of the new			
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
New Registered Office Address:	Enter Florida street address				
	, Florida	น: 25 เมษา			
	City	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 Changing Registered Agent, Signature of New Registered Agent

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = N $AMBR = A$	1anager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Change
			□ Remove
		Change Add Remove	
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an effective date is li ote: If the date in	serted in this block	te of filing: specific and cannot be does not meet the ap timent of State's reco	plicable statut	iling or more than 9 ory filing require	(optiona 0 days after filin ments, this da	ig.) Pursuan	t to 605.020 be listed a
	ies a delayed efl after the record	fective date, but is filed.	; not an effe	ective time, at	12:01 a.m	i. on the	earlier o
ated <u>Mar</u>	ch 13	<u> 20</u>	19.	<u> </u>			
	- Clar	nature of a member or	authorized repr	esentative of a mem	her	 _	

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Filing Fee: \$25.00