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(Re	questor's Name)	
(Add	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
		
(Do	cument Number)	
Certified Copies	Certificates	of Status
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: URBE	NG/NCC/S Name of Limi	ted Liability Company	
The enclosed Articles of a	Amendment and fee(s) are subr	mitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Andre	Name of Person	
	EYE	URBAN TV Firm/Company	
		NW 3 Rd Ave	-
	MIAN	MI FL 3313 City/State and Zip Code	36
	Contact E-mail address: (1)	Ceyeur Ban 7 o be used for future annual report notifi	V. OM
	oncerning this matter, please ca		
Andre	Williams	at (<u>786</u>) <u>720 3</u> Area Code Daytime	5575
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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

URBENGII	reers, LLC
(Name of the Limited Liability Compan- (A Florida Limited Lia	ras it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L/8000242</u> 67	were filed on $\frac{1/26/2018}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabili	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviatiog "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	verformance of my duties, and I am familiar with and covided for in Chapter 605, F.S. Or, if this document is

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>	Name	Address	Type of Action
AMBR	STACE/ Simpson	1121 NW 3rc Ave	🗹 Add
		1121 NW 3rc Ave MIAMI, FL 33136	'_□ Remove
			Change
		-	🗆 Add
			□ Remove
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·			- Brode
			Remove P
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Page 3 of 3

Filing Fee: \$25.00