## 1180001142760

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## COVER LETTER

SUBJECT:	URBIN, LLC				
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Kenneth Florio				
		Name of Person			
	Goodkind & Florio, P.A.				
Firm/Company					
	4121 La Playa Blvd.				
		Address	<del></del>		
	Coconut Grove, FL 33133				
		City/State and Zip Code			
	Kenneth@goodkindandflori				
	E-mail address: (	to be used for future annual report notif	ication)		
For further information of	oncerning this matter, please ca	ill:			
Kenneth Florio		786 713-5017			
Name o	f Person	Area Code Daytime	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:

TO:

Registration Section Division of Corporations

> 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 Amend ment TO ARTICLES OF ORGANIZATION OF

URBIN, LLC		
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our red da Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability	Company were filed on May 07, 2018	and assigned
Florida document number 1.18000114276	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
he new name must be distinguishable and contain the words "Lii	mited Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	0
		2,,
		··· * 1
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		2: 5
3. If amending the registered agent and/or regi egistered agent and/or the new registered office add		ords, <u>enter the name of the</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
		, Florida
	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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	URBIN Founders Group, LLC	2665 S. BAYSHORE DRIVE	
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		SOITE TIOI	Remove
		COCONUT GROVE, FL 33133	
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E. Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this bl	date of filing:	(option) (op	filing.) Pursuant to 605	5.0207 (3)(b) ed as the
document's effective date on the D	epartment of State's records.	·-···; ······e·· ·························		cu us me
If the record specifies a delayed (b) The 90th day after the rec		ffective time, at 12:01 a	.m. on the earli	er of:
(b) The Sour day after the rec	ord is filed.			
Dated September 25	2018			
	211.			
	Signature of a member or authorized re	presentative of a member		
	g	h		
Kenneth R. Florio				

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Typed or printed name of signee

Filing Fee: \$25.00