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Certified Copies	Certificates	of Status
Special Instructions to Fil	ling Officer:	

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COVER LETTER

TO:		ration Sect on of Corpo			
SUBJE		RC LLC			
SUBJE.	.c.i		Name of Limi	ited Liability Company	
The enc	closed A	rticles of A	mendment and fee(s) are sub	mitted for filing.	
Please i	return all	correspond	dence concerning this matter (to the following:	
			Alfred Rothel		
				Name of Person	
			URC LLC		
				Firm/Company	
			2808 Van Buren Avenue		
				Address	
			Naples, FL 34112		
			alrothel@gmail.com	City/State and Zip Code	
			E-mail address: (t	to be used for future annual report notificat	ion)
For furt	her info	rmation cor	ncerning this matter, please ca	di:	
Alfred	Rothel			239 229-5504 at ()	
	-	Name of I	Person	Area Code Daytime Te	lephone Number
Enclose	ed is a ch	neck for the	following amount:		
■ \$25	5.00 Filir	ng 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 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

URC LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our record Liability Company)	ds.)
The Articles of Organization for this Limited Liability Company	were filed on 06/18/2018	and assigned
Florida document number L18000148954		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2808 Van Buren Avenue	
(Principal office address MUST BE A STREET ADDRESS)	Naples, FL 34112	
		3: SE - 78
		NO TO
Enter new mailing address, if applicable:		N
(Mailing address MAY BE A POST OFFICE BOX)		
		- 105 - 20 - 11
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		is, enter the name of the new
Name of New Registered Agent:	<u></u>	
New Registered Office Address:	·	
	Enter Florida street addre.	SS
		lorida Zîp Code
	City	гір Соав

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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Alfred Rothel	21673 Helmsdale Run Estero, FL 33928	■ Add
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			Change
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10/29/2018			
ctive date, if other than the date of filing:	(optional)	
effective date is listed, the date must be specific and cannot be prior to date of the date inserted in this block does not meet the applicable sta	of filing or more than 90 days tutory filing requirements	s after filing.) Pursu s, this date will n	iant to 605 of be liste
ument's effective date on the Department of State's records.	, , ,		
ecord specifies a delayed effective date, but not an e	ffective time, at 12:	01 a.m. on th	ne earlie
ne 90th day after the record is filed.			
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Signature of a member or authorized re	nmcontative of a mank a		_

Page 3 of 3

Filing Fee: \$25.00