L19000027260

(Re	equestor's Name)	
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Cit	ty/State/Zip/Phone	<u>. #\</u>
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COVER LETTER

TO:		istration Sec sion of Corp					
CUDIE	CPT.	URSTASH,	LLC		•		
SUBJEC	CI:		Name of Lim	ited Liability Compan	ıy		
			tmendment and fee(s) are sub	-			
i rease re		штооноро	Jelain Smith	to the following.			
				Name of Perso	en .		
			URSTASH, LLC				
				Firm/Compan	у		
			4846 N.University Dr Suit	te 542			
				Address			
			Lauderhill, FL 33351				
				City/State and Zip	Code		
			jelain.smith@itsurstash.com	n to be used for future a	moual report noti	fication)	
For furth	her in	formation co	ncerning this matter, please o			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Jelain S			-	718	926-9375		
	<u>-</u>	Name of	Person	at (at Code	Daytim	e Telephone Number	
Enclosed	d is a	check for the	following amount:				
\$25.	. 00 F	iling Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Certified Co (additional copy	ру	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose	
	Reg Div P.O	ting Address distration S dision of Co de Box 6327 lahassee, F	ection orporations	Re Di [·] Th 24	eet Address: gistration Se vision of Cor e Centre of T 15 N. Monro llahassee, FL	porations Fallahassee e Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VIE ON UP ANIO: 03

URSTASH, 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 January 25, 2019 and assigned Florida document number L19000027260 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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 on our records, enter the name of the new registered agent and/or the new registered office address here: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 AVIDADE OF TOTAL OF ALL IN or removed from our records:

MGR = Manager AMBR = Authorized Member 21 APR 19 AM 10: 03

<u>Title</u>	Name	Address	Type of Action
AMBR	Jhanille Smith	4846 N. University Dr Suite 542	
		Lauderhill, FL 33351	□Remove
			🗀 Add
			□Remove
			Change
			DAdd
			□Remove
			Change
			□ Add
			□Remove
			Change
			🗀 Add
			□Remove
			Change
			□Add
			□Remove
			□ Change

	ending any other information, enter cl	hange(s) here: (Attach add	ditional sheets if necessa	HECKALLS
	No other information is being amended		21 APR 19	AM 10: 03
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Effec	tive date, if other than the date of filing	1/1/2021	(optional)
Note:	fective date is listed, the date must be specific and If the date inserted in this block does not ment's effective date on the Department of So	seet the applicable statutory f	or more than 90 days after filin	g.) Pursuant to 605.0207 (3
			m. on the earlier of: (b) 1	ha 90th day after the
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Filing Fee: \$25.00