

L1900000 35052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

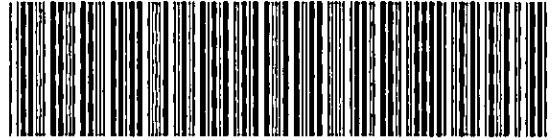
(Business Entity Name)

(Document Number)

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02/15/19--01012--005 **25.00

FILED

2019 FEB 15 PM 2:03

CLERK OF DISTRICT COURT
TALLAHASSEE, FL

R. WHITE
FEB 21 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Urban Properties of NWFL, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeffery M Sessions

Name of Person

Urban Properties of NWFL, LLC

Firm/Company

112 San Carlos Ave

Address

Gulf Breeze, FL 32561

City/State and Zip Code

jeffsessions@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffery Sessions

850 572-5409
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

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:
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**

Urban Properties of NWFL, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2019 FEB 15 PM 2:03

The Articles of Organization for this Limited Liability Company were filed on 02/04/2019 and assigned Florida document number L19000035052.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 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 on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Jeffery M Sessions

New Registered Office Address:

Enter Florida street address

City Florida 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.

Jeffery M Sessions
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	Dianne B Sessions		<input type="checkbox"/> Add
		112 San Carlos Ave Gulf Breeze, FL 32561	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jeffery M Sessions	112 San Carlos Ave Gulf Breeze, FL 32561	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Christina C Picheo		<input type="checkbox"/> Add
		1161 Clymil Dr Cantonment, FL 32533	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Anthony V Picheo	1161 Clymil Dr Cantonment, FL 32533	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

- D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

Please see attached statement of acceptance.

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated _____, _____

Signature of a member or authorized representative of a member

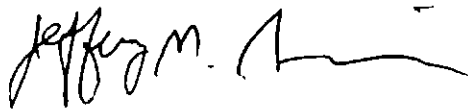
Jeffery B Sessions

Typed or printed name of signee

To Whom it may concern,

I, Jeffery M. Sessions am familiar with and accept the obligations as registered agent of Urban Properties of NWFL, LLC.

Respectfully Submitted,

A handwritten signature in black ink, appearing to read "Jeffery M. Sessions", with a stylized flourish at the end.

Jeffery M. Sessions