·L19000070536

(Requestor's Name)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Se Division of Cor			چې
SUBJECT:	burban	urban	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	•
	Mail	anna Laws	
	_		
		ov ban uvb	anllc
	4610 NE		er feld Beach Fl 3301
	Deerfield	Seach FL, 3: City/State and Zip Code	3064
	Halanva E-mail address: (1	Jean hwson Dig	mail. Com
For further information c	oncerning this matter, please co	all:	
Kai hanna	Alon lawson	at (561) - 503 Area Code Daytine 1	Celephone Number
·			•
Enclosed is a check for th	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 applied)

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

2018 APR - 1 - 48 16: 2 ... iability Company as it now appears on our records (\$ 5) !! The Articles of Organization for this Limited Liability Company were filed on _ Florida document number <u>L190000705</u>36. 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: New Registered Office Address: Enter Florida street address , Florida _ City

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

Title /	<u>Name</u>	Address	Type of Action
MGR/AMBI	Maihanna Lawson	4610 NE 1St AVE DORGRENCE	Sand CL 3 FUEL
			Remove
MGR/AMB	R		□ Change
Mrs.	Cindy Jean	4610 NE IST AVE DEER FIERBER	ach (57 33 CF)
			Remove
			Change
			□ Add
			□ Remove
			Change
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ote: If the date insert	er than the date of filing: I, the date must be specific and cannot be sed in this block does not meet the a ate on the Department of State's rec	pplicable statutory filing re	(optional) than 90 days after filing.) Pursuant quirements, this date will not b	to 605,020 be listed as
	a delayed effective date, bu er the record is filed.	it not an effective time	e, at 12:01 a.m. on the ϵ	earlier o
ated March	h,22,2019	·		
	Signature of a member or	14		
	Maihi	since / Ned ad	350 C	

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Typed or printed name of signee

Filing Fee: \$25.00