## 119000229794

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PICK-UP	☐ WAIT	MAIL
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2019 OCT -9 TO 5: 29

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## **COVER LETTER**

Division of Cor	porations		
URSTRE L	LC		
SUBJECT:	Name of Limited Liability Company  osed Articles of Amendment and fee(s) are submitted for filing.  sturn all correspondence concerning this matter to the following:  KERRI HERRITY  Name of Person  UR STORY REALTY  Firm/Company  10234 COBBLE HILL RD  Address  BONITA SPRINGS FL 34135  City/State and Zip Code  KHERRITY777@GMAIL.COM  E-mail address: (to be used for future annual report notification)  ser information concerning this matter, please call:  HERRITY  Name of Person  Area Code  Daytime Telephone Number  It is a check for the following amount:  00 Filing Fee  Certificate of Status  Certified Copy  Certified Copy  Certified Copy  Certified Copy  Certified Copy		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	KERRI HERRITY		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	UR STORY REALTY		
		Firm/Company	
	10234 COBBLE HILL RD	•	
		Address	
	BONITA SPRINGS FL 34	1135	
		City/State and Zip Code	
	KHERRITY777@GMAIL.	СОМ	
	E-mail address: (t	to be used for future annual report notific	cation)
For further information e	oncerning this matter, please ca	sil:	
KERRI HERRITY		239 398-3848	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &

MAILING ADDRESS:

TO:

**Registration Section** 

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

URSTRE LLC	上にし
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)
	2019 OCT - 9 PP 5- 27
The Articles of Organization for this Limited Liability C	Company were filed on 9/11/19 and assigned
Florida document number L19000229794	Company were filed on 9/11/19 TALLAHASSEE, PLORIDA*
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	nited liability company here:
The new pane must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
-	med claumity company, the designation lead of the above-viation leads.
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADD	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
<del>-</del>	
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, <u>enter the name of the ne</u> iress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, 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

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>	Address	Type of Action
MGR	KEVIN JARRETT	10234 COBBLE HILL RD BONITA SPRINGS FL 34135	■ Add
			□ Remove
			☐ Change
			Add
		<del></del>	☐ Remove
			☐ Change
			Add
		<del></del>	Remove
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ective date, if other than effective date is listed, the date: If the date inserted in tument's effective date on	ite must be specific and canno his block does not meet th	ie applicable statutor	ig or more than 90 days		
record specifies a de he 90th day after the		but not an effect	tive time, at 12:0	)1 a.m. on the earli	ег о
10/4/19 ded	9:0	)			
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Page 3 of 3

Typed or printed name of signee