L19000242529

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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:		NA 522 LLC	
		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
	ondence concerning this matter	_	
·	·	•	
		JULIO C MOLINA	
		Name of Person	
	J	C MOLINA & ASSOC	
		Firm/Company	
	82	60 W FLAGLER STREET STE 2-	C
		Address	·
		MIAMI, FL. 33144	
	11.11.14	City/State and Zip Code	
		O@JCMOLINAASSOC.COM to be used for future annual report not	ilication)
For further information c	oncerning this matter, please c	all:	
JULIO C M	OLINA	786 797 8700	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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 : Division of C P.O. Box 632 Tallahassee.	Section Corporations 17	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee be Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

URBANA 5	22 LLC	
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) hability Company)	
he Articles of Organization for this Limited Liability Company forida document number L19000242529	were filed on 09/25/2019	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabi	lity company here:	
ne new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		207
		差卫
iter new mailing address, if applicable:		
failing address MAY BE A POST OFFICE BOX)		# 0
Talang address SIAT DE ATOST WITTER DOSY	· · · · · · · · · · · · · · · · · · ·	**
		ω
. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records, <u>enter the</u>	name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	a
	City	Zip Code
ew Registered Agent's Signature, if changing Registered Agent:		

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
AMBR	MARIA G ALAIMO	4670 NW 84 AVE #22 MIAMI, FL. 33166	🗆 Add
			□Remove
			■ Change
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iffective date if other than the c	ate of filing. JANUARY 12, 2021	(ontional)
fan effective date is listed, the date must Note: If the date inserted in this bloodocument's effective date on the Dep	ate of filing: JANUARY 12, 2021 be specific and cannot be prior to date of filing or more the does not meet the applicable statutory filing requartment of State's records.	nan 90 days after tiling.) Pursuant to 605.0207 puirements, this date will not be listed as
record specifies a delayed effective d is filed.	date, but not an effective time, at 12:01 a.m. on the	e earlier of: (b) The 90th day after the
Dated JANUARY 12	2021	
	M_{M}	
S	ignature of a member or authorized representative of a	member

Typed or printed name of signee