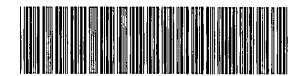
## L19000300745

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

| то:              | Registration Sec<br>Division of Corp |  | , '  | . **                 | ·   |
|------------------|--------------------------------------|--|--|----------------------|---|
| SUBJEC           |                                      | Y URBAN DEVELOPERS /                         | AKV, LLC   |                      |   |
|                  |                                      | Name of Lin                                  | ited Liability Company   |                      |   |
| The encl         | osed Articles of A                   | mendment and fee(s) are sub                  | omitted for filing.  |                      |   |
| Please re        | turn all correspon                   | dence concerning this matter                 | to the following:  |                      |   |
|                  |                                      | Matthew Sarelson, Esq.                       |  |                      |   |
|                  |                                      | <del></del>                                  | Name of Person   | _                    | <del></del>   |
|                  |                                      | Matthew Seth Sarelson, P.                    | Α.   |                      |   |
|                  |                                      |  | Firm/Company   |                      |   |
|                  |                                      | 2100 Ponce de Leon Blvd.                     | , Suite 1290   |                      |   |
|                  |                                      |  | Address  | <u>-</u> _           |   |
|                  |                                      | Coral Gables, Florida 331,                   | 34   |                      |   |
|                  |                                      |  | City/State and Zip Code  | <u> </u>             |   |
|                  |                                      | msarelson@sarelson.com                       |  | ·                    |   |
|                  |                                      |  | to be used for future annual                                   | report notification) |   |
| For furth        | er information cor                   | icerning this matter, please ca              | all:   |                      |   |
| Matthew          | Sarelson                             |  |  | 3-1952               |   |
|                  | Name of I                            | Person                                       | at ()<br>Area Code   | Daytime Teleph       | one Number  |
| Enclosed         | is a check for the                   | following amount:                            |  |                      |   |
| <b>≡ \$</b> 25.9 | 00 Filing Fee                        | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee of Certified Copy tadditional copy is enc |                      | \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|                  | Mailing Address:                     |  | Street A   | ddress:              |   |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| INNER CITY URBAN DEVELO  |  | _  |
|--|--|--|
| (Name of the Lim   | ited Liability Company as it now appea.<br>(A Florida Limited Liability Company) | s on our records.)                               |
| The Articles of Organization for this Limited I Florida document number LIP000300745   | Liability Company were filed on De   | and assigned                                     |
| This amendment is submitted to amend the fol   | lowing:  | <u>-</u>   |
| A. If amending name, enter the new name of   | of the limited liability company he  | ere:   |
| Inner City Urban Developers, L.L.C.  |  |  |
| he new name must be distinguishable and contain the  | words "Limited Liability Company," the d   | esignation "L.L.C" or the abbreviation "L.L.C."  |
| Enter new principal offices address, if appli  | eable:   |  |
| Principal office address MUST BE A STREI   | ET ADDRESS)  |  |
|  |  |  |
|  |  | <u> </u>   |
| Control of the contro |  |  |
| Enter new mailing address, if applicable:  |  | <del></del>                                      |
| Mailing address MAY BE A POST OFFICE   | <u></u>  |  |
|  |  |  |
| B. If amending the registered agent and/or agent and/or the new registered office addro  |  | ecords, <u>enter the name of the new registe</u> |
| Name of New Registered Agent:  | Matthew Seth SareIson  |  |
| New Registered Office Address:   | 2100 Ponce de Leon Blvd. Suite 1   | 290  |
| The state of the s | Enter Flor   | ida street address                               |
|  | Coral Gables   | Florida 33134                                    |
|  | 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> | Name .                    | <u>Address</u>              | Type of Action |
|--------------|---------------------------|-----------------------------|----------------|
| MGR          | Jamie Erica Cristal Jones | 1355 Northwest 84th Terrace |                |
|              |                           | Miami, Florida 33147        | ■Remove        |
|              |                           |                             | □Change        |
| MGR          | Edward Turner             | 1355 Northwest 84th Terrace | <b>=</b> Add   |
|              |                           | Miami, Florida 33147        | □Remove        |
|              |                           |                             | □Change        |
| MGR          | Melvin Bratton            | 1355 Northwest 84th Terrace | ≣Add           |
|              |                           | Miami, Florida 33147        | □Remove        |
|              |                           | <del> </del>                | □Change        |
| MGR          | Lonnie Fuller             | 1355 Northwest 84th Terrace |                |
|              |                           | Miami, Florida 33147        | Remove         |
|              |                           |                             | □Change        |
|              |                           |                             | □Add           |
|              |                           |                             | □Remove        |
|              |                           | <del></del>                 | □Change        |
|              |                           |                             | 🗀 Add          |
|              |                           |                             | 🗆 Remove       |
|              |                           |                             | ☐ Change       |

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| ective date, if other than the di<br>effective date is listed, the date must lete: If the date inserted in this bloc<br>cument's effective date on the Dep | ck does not meet the app   | licable statutory filing r | (optional)<br>than 90 days after filing.) Pu<br>equirements, this date will | rsuant to 605.0207<br>I not be listed as |
| cord specifies a delayed effective s filed.  | date, but not an effective | e time, at 12:01 a.m. on   | the earlier of: (b) The 90  | th day after the                         |
| ed   | 2020                       |                            |   |  |
|  | 111/                       | <del>/     </del>          |   |  |
|  |                            |                            |   |  |
|  | 0///                       |                            |   |  |
|  | ignature of a member or au | thorized representative of | a member  |  |

Filing Fee: \$25.00