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



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2022 JUN 27 PH 4: 5:

COVER LETTER

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

Street Address:
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

Urban VGn 5 Po (Name of the Limited Liability Com (A Florida Limite	ortation Se	exuice) LLC
(A Florida Limite	d Liability Company)	recorus.)
The Articles of Organization for this Limited Liability Compar Florida document number $\underline{L2000005167}$.	ny were filed on Dec	76 2019 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited list. Orban Logistics		LC
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		2022 J
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		JUN 27 PH 4: 54 AHASSEE, FLORIDA
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	et 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 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
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			□ Change
			Remove
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			□Remove
		<u>-</u>	Change
			□Remove
			□Change
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If an effective date Note: If the da	to ther than the date of filing:	i05,0207 (isted as t
ne record spo The 90th d	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear lay after the record is filed.	rlier of:
Dated	June 23, 2022	
	Signature of a member or authorized representative of a member	
	^	
	Typed or printed name of signer	