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## **COVER LETTER**

TO:

Tallahassee, FL 32314

Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  CATALINA RAMIREZ    Name of Person	TO:	Registration Sec Division of Cor				
Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  CATALINA RAMIREZ    Name of Person	oun ic					
Please return all correspondence concerning this matter to the following:    CATALINA RAMIREZ	SUBJECT:Name of Limited Liability Company					
Please return all correspondence concerning this matter to the following:    CATALINA RAMIREZ	The encl	losed Articles of .	Amendment and fee(s) are sub-	mitted for filing.		
Name of Person  SUNBIZONLINE LLC  Firm/Company  1600 NW 128TH DR SUITE 303  Address  SUNRISE, FL. 33323  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  CATALINA RAMIREZ  Name of Person  Takes Code  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$255.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Mailing Address:  Registration Section  Surreet Address:  Registration Section	Please re	eturn all correspo	ndence concerning this matter	to the following:		
SUNBIZONLINE LLC  Firm/Company  1600 NW 128TH DR SUITE 303  Address  SUNRISE, FL. 33323  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  CATALINA RAMIREZ  Name of Person  Area Code  S25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Mailing Address:  Registration Section  Street Address:  Registration Section			CATALINA RAMIREZ			
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Address  SUNRISE, FL. 33323  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  CATALINA RAMIREZ  Name of Person  To a code  Street Address:  Registration Section  Address  SUNRISE, FL. 33323  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  Address  87-6313  Area Code  Daytime Telephone Number  Street Address:  Registration Section			SUNBIZONLINE LLC			
SUNRISE, FL. 33323  City/State and Zip Code  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  CATALINA RAMIREZ  786  Name of Person  Name of Person  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Mailing Address:  Registration Section  Registration Section				Firm/Company		
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E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  CATALINA RAMIREZ  Table 1				Address	<del></del>	
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For further information concerning this matter, please call:  CATALINA RAMIREZ  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$25.00 Filing Fee  \$30.00 Filing Fee \$  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)    Mailing Address:   Registration Section   Registration Section				City/State and Zip Code		
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Certificate of Status  Certified Copy (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)  Mailing Address:  Registration Section  Certificate of Status & Certified Copy (additional copy is enclosed)	Enclose	d is a check for th	ne following amount:			
Registration Section Registration Section	\$25	.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
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P.O. Box 6327 The Centre of Tallahassee	Division of Corporations		Division of Corporations The Centre of Tallahassee			

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 X LLC	: = · · · · · · · · · · · · · · · · · ·	! <u>G</u>
( <u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)	
he Articles of Organization for this Limited Liability Compar	ny were filed on 09/24/2020	and assigned
lorida document number L20000302402		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liz	ability company here:	
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or	r the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		<del></del>
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered offic gent and/or the new registered office address here:	e address on our records, <u>enter th</u>	e name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	da
	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.

L' 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	Address 7:15	Type of Action
AMBR	LIBSON, LORENA A.	ANTONIO M. FERRARI 962	🗀 Add
		CABA, AR 1424	≣Remove
			□Change
<del></del>			🗆 Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 7: 13 E. Effective date, if other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated OCTOBER 26 Signature of a member or authorized representative of a member **GONZALO VAZQUEZ** 

Typed or printed name of signee