## h21000038139

	Requestor's Name)	
,		
(	Address)	
(	Address)	
	City/State/Zip/Phone #)	<del> </del>
,	Only Charles Ziph Hone #)	
PICK-UP	☐ WAIT	MAIL
<del></del> (	Business Entity Name)	<del></del>
,	Business Endry Marrier	
(	Document Number)	
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## **COVER LETTER**

	egistration Se ivision of Cor		:	
oun meen	URBAN H.	AWKERS LLC	,	
SUBJECT	:	Name of Lim	ited Liability Company	<del></del>
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing	
		ondence concerning this matter	-	
		ERIC J. LOMAS		
		<del></del>	Name of Person	<u></u>
		LOMAS LAW LLC		
			Firm/Company	<del></del>
		272 MAIN ST, STE 4		
			Address	
		STONEHAM MA 02180		
		CDICO UIDEN CADITALLI	City/State and Zip Code	<del></del>
		ERIC@VIPERCAPITALLI E-mail address: (	.C.COM to be used for future annual report notific	ation)
For further	information c	oncerning this matter, please ca	all:	
ERIC J. LO	OMAS		781 789-9079 at ()	
<del></del>	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	ne 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)
	ailing Addres		<u>Street Address:</u> Registration Secti	ion

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

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 HAWKERS LLC	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L21000038139}{L21000038139}$ .	were filed on 1/19/2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3009 Via Parma St
(Principal office address MUST BE A STREET ADDRESS)	Plant City, FL 33566
Enter new mailing address, if applicable:	3009 Via Parma St
(Mailing address MAY BE A POST OFFICE BOX)	Plant City, FL 33566
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	City Storida Zip Calls
New Registered Agent's Signature, if changing Registered Agent:	DEC
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familia with and over over the control of the

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
	<del></del>		□Add
			□Remove
			Change
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		***************************************	□Add
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			□Remove
			□Change

II AIII	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
•	
Note:	ive date, if other than the date of filing:
ne recor ord is fi	rd 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 led.
Dated	November 16 2021
	Loveson to
	Signature of a member or authorized representative of a member
	Jonneson VO Typed or printed name of signee

Filing Fee: \$25.00