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(R	equestor's Name)	
(Ā	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(D	ocument Number)	
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COVER LETTER

TO: Registration S Division of Co				
	alty Services LLC		e asi	
SUBJECT:	Name of Lir	nsted Liability Company		
The enclosed Articles of	`Amendment and fee(s) are sul	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Kayla Urbina			
		Name of Person	1117.10	
	Urbina Realty Services 1.1	.c		
		Firm/Company		
	5077 Adams Road			
		Address	····	
	Delray Beach FL 33484			
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·	
	kayla.realtor88@gmail.con			
For further information c	E-mail address: (concerning this matter, please c	to be used for future annual report no all:	ufication)	
Kayla Urbina		954 548-6692		
Name o	f Person	at () Area Code ——Dayui	ne Telephone Number	
Enclosed is a check for the	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)	
Mailing Addres		Street Address:	vetion	
Registration Section Division of Corporations			Registration Section Division of Corporations	
P.O. Box 632	7	The Centre of	Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Urbina Realty Services LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on March 16th, 2021 and assigned Florida document number <u>L21000124371</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Kayla Urbina Diaz LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

Cin

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
			□Add
			□Remove
			□ Add
			□Remove
			Change
			□Add
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ffect	ive date, if other than the date of filing:
an eff inte:	ective 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 605,020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
ocun	ent's effective date on the Department of State's records.
	d 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
i is tī	led.
	4/12/2021
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	Mallo John
	Signature of a member of authorized representative of a member
	$^{\prime}I$
	Kayla Urbina