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DATE:

8/16/21

NAME:

URBAN SIGNATURE AUTO SALES LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE attelege

## **COVER LETTER**

TO: Registration Section

Tallahassee, FL 32314

Division of Cor	porations				
SUBJECT: URV	Name of Lin	Autore Autorited Liability Company	e sales Li		
The enclosed Articles of	Amendment and fee(s) are sul	bmitted for filing.			
Please return all correspo	ondence concerning this matter	r to the following:			
		Name of Person	<del></del>		
		Firm/Company	·		
		Address	·		
		City/State and Zip Code			
		to be used for future annual report noti	fication)		
For further information c	oncerning this matter, please o	all:			
Phito M Name o	onfiston  fPerson	at (813) 724 Area Code Daytim	-8903 e 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)		
Mailing Addres		Street Address: Registration Se	ction		
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

ne Articles of Organization for this Limited Liability Company were filed on 3/19/2021 and assigned orida document number 42/000/30/93.					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability com	pany here:				
The new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					
<u></u>	- 3				
Enter new mailing address, if applicable:	· <u>· ·</u>				
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>				
<del></del>					
B. If amending the registered agent and/or registered office address or	our records, enter the name of the new registered				
agent and/or the new registered office address here:	71 22 71 E				
Name of New Registered Agent:					
New Registered Office Address:					
	nter Florida street address				
	, Florida				
City	Zin 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>	Name	Address	Type of Action
MGR	Phito Monfiston	1902 ABBEY Ridge Drive Dover FL 33527	<u>⊘</u> □Add
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ective date, if other than effective date is listed, the date ie: If the date inserted in the ument's effective date on the	must be specific and is block does not n	cannot be prior to date neet the applicable s	of filing or more the	(optional) in 90 days after filing: direments, this date	Pursuant to 605.0207 will not be listed as
ord specifies a delayed effi filed.	ective dațe, but not	an effective time, at	12:01 a.m. on the	earlier of: (b) The	e 90th day after the
8/12/202	No Signature of a r	member or authorized to Months	representative of a m	ember	
	Phi	6 Montis	ston	- interi	

Filing Fee: \$25.00