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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Only/Otate/Elp/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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RECEIVED

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953

www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Moreau

mmoreau@incserv.com

850.656.7953

REQUEST DATE 7/10/2023

PRIORITY Regular Approval OUR REF_#_(Order_ID#) 1162008

ORDER ENTITY

URBAN GROWTH MIAMI LLC

PLEĄ	SE	PERFO	RM	THE	FOLL	OW.	ING	SER	VICE:	5:

URBAN GROWTH MIAMI LLC (FL)

File the attached amendment

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Monday, July 10, 2023 Page I of I

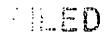
COVER LETTER

TO: Registration Section

Division of Cor	porations		
	wth Miami LLC		
SUBJECT:		nited Liability Company	
Urban Growth Miami LLC 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: Thomas Bayles Name of Person Urban Growth Properties Firm/Company 382 NE 191st PMB 78674 Address Miami FL 33179 City/State and Zip Code thomas@urbangrowthproperties.com E-mail address: (to be used for future annual report notification) for further information concerning this matter, please call: Thomas Bayles Name of Person Area Code Name of Person S25.00 Filing Fee S30.00 Filing Fee Scentificate of Status Certified Copy (additional copy is enclosed) Mailing Address: Participate Scentificate of Status Scentificates: Street Address: Street Address: Participates Scentificates Scinical Sc			
Please return all correspo	ondence concerning this matter	to the following:	
	Thomas Bayles		
	•	Name of Person	
	Urban Growth Properties		
		Firm/Company	
	382 NE 191st PMB 78674		
		Address	
	Miami FL 33179		
		City/State and Zip Code	
			of Continue
For further information c		·	(incation)
	CD		T. J. ak Mosek
Name o	r reison	Area Code – Daym	me Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addres Registration S		Street Address: Registration So	ection
Division of C	Corporations	Division of Co	orporations
P.O. Box 632 Tallahassee		The Centre of	
Tallahassee. 1	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2023 J 10 AM 10: 59

URBAN GROWTH MIAMI LLC	. N. CSOM OF CTATE
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) WALL WASSEE, FL
The Articles of Organization for this Limited Liability Company Florida document number	were filed on APRIL 13 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity 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 a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
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.

City

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Address</u>	Type of Action
MGR	Thomas Bayles	382 NE 191st St PMB 78674	
		Miami Florida 33179-3899	
			□Change
MGR	Gamlet Arutyunyan	382 NE 191st St PMB 78674	= Add
		Miami Florida 33179-3899	□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
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			🗀 Remove
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ffective date, if other tha	n the date of filing:			(optiona	D.	
an effective date is listed, the date inserted in the date in t	ite must be specific and car	nnot be prior to dat	e of filing or more tha	n 90 days afler filir	ig.) Pursuant to 605	5.0207 (ed as t
ocument's effective date on			, , ,			
record specifies a delayed ef Lis filed.	fective date, but not an	effective time, a	it 12:01 a.m. on the	earlier of: (b)	The 90th day afte	er the
	_	2023	\bigcirc .			
ated July 8	· ·					

Filing Fee: \$25.00

Typed or printed name of signee