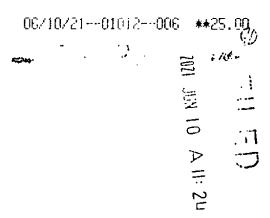
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(Re	equestor's Name)
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PICK-UP	WAIT MAIL
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Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>Urban Ros</u>	3403	
(<u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit Florida document number	528S^	and assigned
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words "		abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
<u>(Principal office address MUST BE A STREET AL</u>	ODRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX		
		,
B. If amending the registered agent and/or registence agent and/or the new registered office address her	ered office address on our records, <u>enter the na</u>	
agent and/or the new registered office address ner	<u>.e</u> :	
		10
Name of New Registered Agent:		D 111
New Registered Office Address:		
	Enter Florida street address	. 24
	, Florida	ב
_	City	Zıp 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	Susie Bahhur	19935 Dinner Key Drin Boen Raton, 71. 33498	🎜 Add
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ffective date, if other than the date of filing an effective date is listed, the date must be specific and lote: If the date inserted in this block does not no ocument's effective date on the Department of S	I cannot be prior to date of f neet the applicable statul			.) Pursuant to	
record specifies a delayed effective date, but not lis filed.	an effective time, at 12:	01 a.m. on the o	arlier of: (b) Th	ne 90th day i	after the
lated May 14,	2021				
Signature of a	Backlemember or authorized repre	esentative of a me	mber		_
Susie Rah					