

L21 000 194 341

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

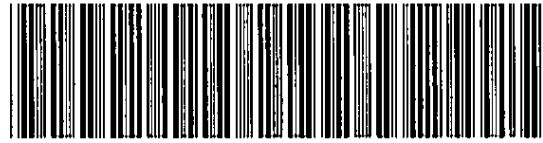
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

6/7
NO\$

Office Use Only



000365304830

08/09/21--01005--002 **30.00

FILED
2021 AUG -7 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FL

US
8/17/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bukkah Apparel 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:

Thavonte Dean
Name of Person

Firm/Company

634 NW 7th Street FL
Address

Florida City 33034
City/State and Zip Code

thavontedeanllc@gmail.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FL

2021 AUG - 7 PM 2:19

FILED

For further information concerning this matter, please call:

Thavonte Dean at (786) 7658612
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 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

RECEIVED
JUN 07 2021

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Bukkah Apparel 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 04/26/2021 and assigned Florida document number L21000194341.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Urban Legacy 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)

One Alhambra Plaza
Floor PH,
Coral Gables, Florida 33134

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

One Alhambra Plaza, Floor PH
Coral Gables
Florida 33134

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: _____

One Alhambra Plaza Floor PH, 6
Enter Florida street address
Coral Gables , Florida 33134
City Zip Code

FILED
2021 AUG - 7 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FL

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 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>	<u>Type of Action</u>
MGR	Selina Dantzer		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		One Alhambra Plaza, Coral Gables FL 33134	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2021 AUG -7 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FL

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

FILED
2021 AUG -7 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 6/2/21 Miami

[Signature]
Signature of a member or authorized representative of a member

Thavonte Dean
Typed or printed name of signee