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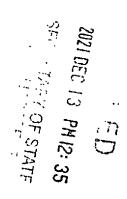
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A. RIVERS
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COVER LETTER

URBAN PIONEERS LLC

TO: Registration Section
Division of Corporations

Tallahassee, FL 32314

SUBJECT:			
		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	u
		Firm/Company	
	17350 STATE HWY 249	STE 220	
		Address	
	HOUSTON, TX 77064		
		City/State and Zip Code	
	EFILE1234@INCFILE.CO	M to be used for future annual report r	
		-	ionneation)
For further information of	oncerning this matter, please c	all:	
LOVETTE DOBSON		l 888-462-: at ()	3453
Name o	f Person	Area Code Day	time Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address	
Registration : Division of C		Registration Division of O	
P () Roy 633	-		of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

•	ONEERS LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	·
The Articles of Organization for this Limited Liability Company Florida document number L21000411680	were filed on 09/16/2021 a	nd assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviat	ion "L.L.C."
Enter new principal offices address, if applicable:	7122 Woodfield Dr	
(Principal office address MUST BE A STREET ADDRESS)	Tampa , FL 33617	
		
Enter new mailing address, if applicable:	7122 Woodfield Dr	
(Mailing address MAY BE A POST OFFICE BOX)	Tampa , FL 33617	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the name of th</u>	ne new registered
New Registered Office Address:	Enter Florida street address	
	City Florida	Tode
New Registered Agent's Signature, if changing Registered Agent:	, - , -	ב ב
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am famili provided for in Chapter 605, F.S. Or, If this address, I hereby confirm that the limited	ar with and Aocument is

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>	Address	Type of Action
AMBR	OMAR HALL	7122 Woodfield Dr	
		Tampa, FL 33617	□Remove
			■ Change
		<u></u>	□Remove
			☐ Change
			□Add
			□Remove
			Change
			□Add
			□ Remove
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			□ Add
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			□Remove
			□ Change

			
			
			"
			
			
Effective date, if other than the date an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Dep	ck does not meet the application	able statutory filing require	(optional) 0 days after filing.) Pursuant to 605.020 ments, this date will not be listed a
e record specifies a delayed effective	date, but not an effective tii	me, at 12:01 a.m. on the ea	rlier of: (b) The 90th day after the
rd is filed.			
	2021		
rd is filed. Dated	,	<u> </u>	