| (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 |
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| | | | WALK IN | |
|----|-------------|--------------------------------------|----------------------|--|
| | | P | PICK UP: 12/21 DANNY | |
| | | CERTIFIED COPY | Ý | |
| | xx | РНОТОСОРУ | | |
| | | CUS | | |
| | xx | FILING | LLC AMEND | |
| 1. | | URBANCARE MAN (CORPORATE NAME AND DO | | |
| 2. | | (CORPORATE NAME AND DO | OCUMENT #) | |
| 3. | | (CORPORATE NAME AND DO | OCUMENT #) | |
| 4. | | (CORPORATE NAME AND DO | OCUMENT #) | |
| 5. | | (CORPORATE NAME AND DO | OCUMENT #) | |
| 6. | | (CORPORATE NAME AND DO | OCUMENT #) | |
| | CIA: TRU | L CTIONS: | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | ultity Company as it now appears on our records.) | |
|---|--|------------------------------|
| (A Flor | ida Limited Liability Company) | |
| The Articles of Organization for this Limited Liability Florida document number <u>L21000501524</u> | Company were filed on 11/22/2021 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the li | mited liability company here: | 10.13 |
| The new name must be distinguishable and contain the words "L | imited Liability Company," the designation "LLC" o | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADI | nendment is submitted to amend the following: Immending name, enter the new name of the limited liability company here: Iname must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." In the principal offices address, if applicable: In address MUST BE A STREET ADDRESS) In the mailing address, if applicable: In address MAY BE A POST OFFICE BOX) amending the registered agent and/or registered office address on our records, enter the name of the new red agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | | |
| | City | Zip 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 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 | SEBASTIAN BIANCHI | 2100 CONSTITUTION BLVD., SI | Add |
| | | Suite 112 | ■ Remove |
| | | SARASOTA, FL 34231 | Change |
| AMBR | RAFFAELE MONTONE | 2100 CONSTITUTION BLVD | ■ Add |
| | | SUITE 112 | □ Remove |
| | | SARASOTA, FL 34231 | Change |
| | | | |
| | | | □ Remove |
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| | | | Change |

| (If an Not | ctive date, if other than the date of filing: 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 605,020 E: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ument's effective date on the Department of State's records. |
|----------------------|---|
| If the r (b) Th | ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier one 90th day after the record is filed. |
| | d November 22 2021 |
| Date | |
| Date | Signature of a member or authorized representative of a member |