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COVER LETTER

TO: Registration So Division of Co		
	AN HUB LLC	
SUBJECT:	Name of Lim	ited Liability Company
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.
Please return all correspondent	ondence concerning this matter	to the following:
	LOVETTE DOBSON	
		Name of Person
	INCFILE.COM LLC	
		Firm/Company
	17350 STATE HWY 249 S	STE 220
		Address
	HOUSTON, TX 77064	
		City/State and Zip Code
	EFILE1234@INCFILE.CO E-mail address: (to be used for future annual report notification)
For further information	concerning this matter, please c	
LOVETTE DOBSON		888 462-3453
Name	of Person	at ()
Enclosed is a check for	the following amount:	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of 6 P.O. Box 63 Tallahassee,	Section Corporations 27	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

THE URBAN		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Jiability Company)	-
The Articles of Organization for this Limited Liability Company Florida document number		and 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 a	bbreviation "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 agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the na</u>	me of the new registered
New Registered Office Address:	Enter Florida street address , Florida	OF SO COM
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u> <u>-</u>	

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>	Type of Action
AMBR	Mohammed Abuzar Quddosi	7901 4th St. N Ste 6747	□Add
		St. Petersburg, FL 33702	□Remove
			= Change
			□Remove
			Change
			□ Add
			□Remove
			☐ Change
			□Add
			Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change

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