hhh 000146900

(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:
\mathcal{O} at \mathcal{O}
51 8/26

Office Use Only



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06/10/22--01006--005 **25.00

2022 JUN 10 AM 9: 3:

COVER LETTER

Division of Cor	porations		
SUBJECT:	URBA	N FOUR LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
		ARIADNA OJEDA	
		Name of Person	
		AYUDA CENTER	
		Firm/Company	
		8230 CORAL WAY	
	-	Address	
		MIAMI, FL 33155	
		City/State and Zip Code	
		EDA@AYUDACENTER.COM	
		to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please c	all:	
ARIADN	IA OJEDA	305 971-523	32
Name of Person		at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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

TO:

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

FILED

2022 JUN 10 AM 9: 37 TO

SEALL AHASSES OF CHIBA

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

URBAN FOUR LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) pany)
he Articles of Organization for this Limited Liability Company were filed	on and assigned
lorida document numberL22000166900	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	nny here:
he 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)	
Inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	•
3. If amending the registered agent and/or registered office address on agent and/or the new registered office address here:	our records, enter the name of the new regist
Name of New Registered Agent:	
New Registered Office Address:	
Ent	er Florida street address
	, Florida
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 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
MGR	ROBERTO VARGAS PALMA		□ Add
		3732 OAK RIDGE LANE, WESTON, FL 33331	■Remove
			[I]Change
			🗆 🖊 🗀 Add
			ERemove
			[]Change
		•	□Add
			□Remove
			[]Change
			□∧dd
			[]Remove
			□Change
			□Add
			□Remove
			□Change
			ITT A

	05/09/2022
ı effect	e date, if other than the date of filing:
umen	t's effective date on the Department of State's records.
cord s	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
ted	MAY 9TH
	1/1/2011/