

122000169722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

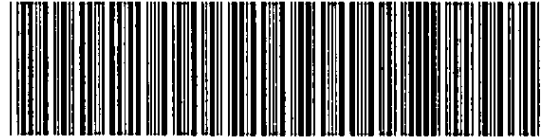
(Business Entity Name)

(Document Number)

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08/26/22--01011--030 \*\*25.00

22 AUG 26 PM 12:10

DEPT OF STATE  
DIVISION OF CORPORATION

*[Handwritten signature]*

Florida Department of State,

My name is Anthony Urban, I am including my daytime phone number and return address.

Daytime Phone Number – 561-847-6258

Anthony Urban  
5577 Eagle Lake Drive  
Palm Beach Garden, FL 33418

Thank you

Anthony J Urban  
Urban HVACR & Plumbing  
Cell : 561-847-6258  
Email: urbanhvacrp@gmail.com

22 AUG 26 PM 12:00

OFFICE OF THE  
CLERK OF THE  
DIVISION OF CONSUMER AFFAIRS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: URBAN HVACR & PLUMBING 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:

URBAN HVACR & PLUMBING LLC

Name of Person

ANTHONY J URBAN

Firm/Company

5577 EAGLE LAKE DRIVE

Address

PALM BEACH GARDENS, FL 33410

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANTHONY J URBAN  
Name of Person at (561) 8476258  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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SECTION OF  
DIVISION OF CORPORATIONS

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

URBAN HVACR & PLUMBING 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 04/08/2022 and assigned  
Florida document number L22000169722.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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 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:

*Enter 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 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>
AMBR	AYDEN URBAN	5577 EAGLE LAKE DRIVE	<input checked="" type="checkbox"/> Add
		PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change


22 JUN 26 PM 12:10  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS

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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 AUGUST, 19 2022

  
Signature of a member or authorized representative of a member

ANTHONY J URBAN  
Typed or printed name of signee