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| (Requestor's Name)                      |
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| URO R&J                     | LLC   |
|-----------------------------|---|
|                             | Name of Limited Liability Company  anclosed Articles of Amendment and fee(s) are submitted for filing.  The return all correspondence concerning this matter to the following:  JORGE PINZON  Name of Person  URO R&J LLC  Firm/Company  200 NE 1ST STREET  Address  MIAMI, FL 33132  City/State and Zip Code  urodowntown@gmail.com  E-mail address: (to be used for future annual report notification)  arther information concerning this matter, please call: |
| The enclosed Articles of    | Amendment and fee(s) are submitted for filing.  |
| Please return all correspo  | ndence concerning this matter to the following:   |
|                             | JORGE PINZON  |
|                             | Name of Person  |
|                             | URO R&J LLC   |
|                             | Firm/Company  |
|                             | 200 NE IST STREET   |
|                             | Address   |
|                             | MIAMI, FL 33132   |
|                             | •   |
|                             | <del>- ·</del>  |
|                             | E-mail address: (to be used for future annual report notification)  |
| For further information co  | oncerning this matter, please call:   |
| JORGE PINZON                | at ( )  |
| Name of                     | Person Area Code Daytime Telephone Number   |
| Enclosed is a check for the | e following amount:   |
| □ \$25.00 Filing Fee        | S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  |

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallabaccoo El 22214

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| URO R&J LLC  |   |       |
|--|---|-------|
| ( <u>Name of the Limited Liability Company as</u><br>(A Fiorida Limited Liabilit   | it now appears on our records.)<br>y Company)         |       |
| he Articles of Organization for this Limited Liability Company were  | filed on $\frac{03/20/2023}{}$ and ass                | igned |
| lorida document number 1.23000139120   |   | J     |
| his amendment is submitted to amend the following:   |   |       |
| . If amending name, enter the new name of the limited liability of   | ompany here:  |       |
| ne new name must be distinguishable and contain the words "Limited Liability Con   | mpany," the designation "LLC" or the abbreviation "L. | L.C." |
| nter new principal offices address, if applicable:   | ***<br>*-}  |       |
| Principal office address MUST BE A STREET ADDRESS)   | -11*<br>  |       |
|  |   | ***   |
|  | <i>S</i> − − − − − − − − − − − − − − − − − − −        |       |
| nter new mailing address, if applicable:   | min is the  | 3 ¢   |
| Mailing address MAY BE A POST OFFICE BOX)  | 3: 0<br>FL  |       |
|  | (m) (m)   |       |
| If amending the registered agent and/or registered office addressent and/or the new registered office address here:  Name of New Registered Agent: | ss on our records, <u>enter the name of the new</u>   | regis |
| inanic of new registered Agent:  |   |       |
| New Registered Office Address:   | From IV. i. I. a. a. I.                               |       |
|  | Enter Florida street address                          |       |
| C  | , Florida Zip Code                                    |       |
| Ci   | ty 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

11 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  |
|--------------|--------------------------|------------------------------|-----------------|
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|              | An P.5.                  | 200 NE 1ST ST MIAMI FL 33132 | ■Remove         |
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| AMBR         | RAFAEL CLAVIJO           | 200 NE 1ST ST MIAMI FL 33132 | <b>=</b> Add    |
|              | Ascal Clary for          |                              | □Remove         |
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| fective da     | te, if other tl     | han the date of<br>date must be spe- | of filing   | :            | )24                       |                         |                           | (or                       | otional)                         |                        |                         |
| an effective o | late is listed, the | date must be spe<br>n this block doe | cific and   | cannot be pi | rior to date<br>dicable s | of filing of tatutory f | r more than<br>ling requi | .90 days at<br>rements, t | fler filing.) Pi<br>this date wi | ursuant t<br>Il not be | o 605.020<br>e listed a |
| ocument's c    | ffective date of    | on the Departme                      | ent of St   | ate's recor  | ds.                       | •                       | • .                       |                           |                                  |                        |                         |
| ocord crac     | ities a delayad     | affactive date                       | hat not a   | om affanti   |                           | 12.01                   |                           |                           | 45 47 0                          |                        |                         |
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|                | - C.                |                                      |             |              |                           | A                       |                           |                           |                                  |                        |                         |
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