

L23000300907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

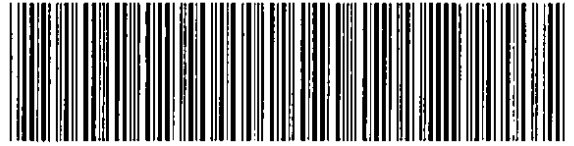
(Document Number)

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Special Instructions to Filing Officer:

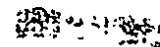
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CLERK OF STATE  
TALLAHASSEE, FL



R. HUNT

07/27/23

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Urban Jungle Realty 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:

Richard Stein

\_\_\_\_\_  
Name of Person

Urban Jungle Realty LLC

\_\_\_\_\_  
Firm/Company

302 E 8th St

\_\_\_\_\_  
Address

Jacksonville, FL, 32206

\_\_\_\_\_  
City/State and Zip Code

urbanjunglerealtyllc@gmail.com

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

STATE  
TALLAHASSEE, FL

2009 JUN 27 PM 11:53

FILED

For further information concerning this matter, please call:

Richard Stein

334

354 6467

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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  
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

**If Changing Registered Agent, Signature of New Registered Agent**

Title	Name	Address	Type of Action
AMBR	Richard Stein	302 E 8th St, Jacksonville, FL, 32206	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

2023 7 PM 11:53  
INDEPENDENT STATE  
MISSISSIPPI

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an 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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 July 17th 2023

Signature \_\_\_\_\_

Signature of a member or authorized representative of a member

Richard Steiny

Typed or printed name of signee

**Filing Fee: \$25.00**