L23000439195

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CECRETARY OF STATE

COVER LETTER

TO: Registration S Division of Co			
2905 72N	ND ST W VD LLC		
SUBJECT:	Name of Li	mited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	IVELISSE GONZALEZ		
		Name of Person	
		Firm/Company	
	3350 SW 148TH AV SUI	TE 140	
		Address	••
	MIRAMAR FL 33027		
	igonzalez@urbandomus.ne	City/State and Zip Code	
	-	(to be used for future annual report notif	fication)
For further information of	concerning this matter, please of	eall:	
IVELISSE GONZALEZ	Z	954 3197659 at () Area Code Daytime	
Name (of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration 5	Section	Street Address: Registration Sec	tion

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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**

2905 72ND ST W VD LLC		
(Name of the Limited Linbility Compan (A Florida Limited Li	y as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company vi Florida document number <u>L23000439195</u>	were filed on	and assigned
riorida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:		. ~
(Principal office address MUST BE A STREET ADDRESS)		024
-		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		- 1/2 - 2
		. 0
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, enter the name	of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zin 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

Zip Code

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

Title	<u>Name</u>	Address	Type of Action
MGR	Urban Domus Construction IIc	3350 SW 148th Av Miramar FI 33027	
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			Change
			[]Remove
			□Change
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ffectiv an effec ote: I ocume	re date, if other than the date of filing:
	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
ecord is file	
ecord is filed ated	JUNE 10TH 2024
	JUNE 10TH 2024 Significantly a member or authorized representative of a member

Filing Fee: \$25.00