## L24000127625

(Re	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to F	Filing Officer:	





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## **COVER LETTER**

TO: Registration Se Division of Cor				
URBAN C SUBJECT:	REST INVESTMENTS LLC			
SUBJECT:	Name of Lim	ited Liability Company		
he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	MONICA JONES			
		Name of Person		
	URBAN CREST INVEST	MENTS LLC		
	Firm/Company			
	P.O. BOX 12751			
		Address		
	JACKSONVILLE, FL 322	109		
		City/State and Zip Code		
	urbancrest24@gmail.com			
For further information of	E-mail address: ( oncerning this matter, please c	to be used for future annual report not all:	(Heation)	
MONICA JONES		904 994-1600		
Name o	f Person	at () Area Code Daytir	ne Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	S30.00 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)	
<u>Mailing Addres</u> Registration :		Street Address: Registration So	ection	
Division of C	Corporations	Division of Corporations		
P.O. Box 632		The Centre of	Tallahassee oe Street, Suite 810	
Tallahassee,	r に 32314	Z4TJ IN. IVIORIU	is accessing and	

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## URBAN CREST INVESTMENTS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Frontae Emineu C	natifity Company)			
The Articles of Organization for this Limited Liability Company	were filed on 03/14/2024	and assigned		
Florida document number 1.24000127625				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company here:			
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)				
	<del></del>	<u> </u>		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
toruning universe mant be at total granteer more				
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	ddress on our records, <u>enter the na</u>	· ·		
New Registered Office Address:	Enter Florida street address			
<del></del>	, Florida _	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:		-		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as public being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I an rovided for in Chapter 605, F.S. O	n familiar with and r, if this document is		

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>	Address	Type of Action
MGR	RODRICK ASKEW	4411 SUNBEAM RD UNIT 24961	□ Add
		JACKSONVILLE, FL 32241	■Remove
			Change
MGR	MONICA JONES	4160 N. CANAL ST UNIT 12751	
		JACKSONVILLE, FL 32209	□Remove
			Change
	·		□Add
			Remove
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fective date.	if other than the d	date of filing:			(optio	nal)	
n effective date	is listed, the date must e inserted in this bloo	be specific and can	mot be prior to da	te of filing or more statutory filing re	han 90 days after f quirements, this	iling.) Pursuant to 60 date will not be lis	5.0207 sted as
	ctive date on the Dep	partment of State	e's records.				•
cument's effe		data but not an	affactiva tima	u 17:01 am on t	he earlier of: (h)	The 90th day aft	er the
	e a dalamad affaction	. Gate, out not an	effective time, a	it 12,01 a.iii. Oit t	ne curner or. (0)	the following and	
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Filing Fee: \$25.00