

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet**M21000010369**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H22000251504 3)))



H220002515043ABCV

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

## To:

Division of Corporations  
Fax Number : (850)617-6383

## From:

Account Name : LAMADRID FINANCIAL SERVICES CORP  
Account Number : I20200000059  
Phone : (954)727-9771  
Fax Number : (954)727-9773

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: diana@lamadridfinancial.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
URBAN DEVELOPER GROUP LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$30.00

2022 JUL 25 PM 3:45

2022 JUL 25 AM 11:05

RECEIVED  
AND  
FILED

Electronic Filing Menu

Corporate Filing Menu

Help

&lt; H22000251504 3 &gt;

JUL 26 2022

K. Brumley

&lt; H22000 251 504 3 &gt;

## COVER LETTER.

TO: Registration Section  
Division of Corporations

SUBJECT: URBAN DEVELOPER GROUP 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:

RAUL MARTINEZ

Name of Person

URBAN DEVELOPER GROUP LLC

Firm/Company

392 CARRINGTON DRIVE

Address

WESTON FL 33326

City/State and Zip Code

raul@urbandeveloper.us

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

For further information concerning this matter, please call:

RAUL MARTINEZ

954 4770411  
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

&lt; H22000 251 504 3 &gt;

< H 22000 251 504 3 >

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

URBAN DEVELOPER GROUP 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 08/10/2021 and assigned Florida document number M21000010369.

This amendment is submitted to amend the following:

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

N/A

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

Enter new principal offices address, if applicable:

N/A

(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:

N/A

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

< H 22000 251 504 3 >

&lt; H22000 251 504 3 &gt;

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>
MBR	RAUL MARTINEZ	392 CARRINGTON DRIVE	<input type="checkbox"/> Add
		WESTON, FL 33326	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MBR	RAUL MARTINEZ CONDE	REPUBLICA DE CUBA 1414	<input type="checkbox"/> Add
		PROVIDENCIA	<input type="checkbox"/> Remove
		SANTIAGO DE CHILE	<input checked="" type="checkbox"/> Change
MBR	ESTELA C URZUA VILLARROE	392 CARRINGTON DRIVE	<input type="checkbox"/> Add
		WESTON, FL 33326	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MBR	MAITE Y DE LEON MONTANEZ	2142 ENSENADA TERRACE	<input type="checkbox"/> Add
		WESTON, FL 33327	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

&lt; H 22000 251 504 3 &gt;

< H 22000 251 504 3 >

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

N/A

E. Effective date, if other than the date of filing: 07/25/2022 (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 \_\_\_\_\_, \_\_\_\_\_

Raul Martinez

Signature of a member or authorized representative of a member

RAUL MARTINEZ

Typed or printed name of signee

$\langle 422000\ 251\ 504\ 3 \rangle$

**Filing Fee: \$25.00**