120000215031

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Busiliess Efficty Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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J. HORNE JAN - 6 2022

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COVER LETTER

TO:

Registration Section

Division of Cor	rporations				
	OUP LLC d/b/a UPSCALE S	TUDIO .	•		
SUBJECT:	Name of Lin	nited Liability Company			
Please return all correspo	ondence concerning this matter	to the following:			
	Charlotte Behague				
	-	Name of Person			
	Hitec Group LLC				
		Firm/Company			
	7571 Eaglet Ct.				
	•	Address			
	Fort Myers, FL 33912				
	4-31F-PL - 914 914 91 91 91 91 91	City/State and Zip Code			
	- -	to be used for future annual report	notification)		
For further information c		·	,		
Charlotte Behague					
Name o	f Person	at () Area Code Day	time Telephone Number		
Enclosed is a check for th	ne 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 Addres Registration S		Street Address			
Division of C		Registration Section Division of Corporations			
P.O. Box 632			f Tallahassee		
Tallahassee, I	TL 32314	2415 N. Mor	nroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Hitec Group LLC d/b/a Upscale Studio

2021 DEC 20 PH 1: 09

(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 07/28/2020 and assigned Florida document number L20000215031 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: (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: New Registered Office Address: Enter Florida street address City

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 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	Fabian Behague	7571 Eaglet Ct.	
		Fort Myers, FL 33912	_
			☐Change
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fective date, if other than the date in effective date is listed, the date must be ote: If the date inserted in this block cument's effective date on the Department.	c does not meet the a	applicable statut	iling or more than 90 ory filing requiren	(optional) days after filing.) Pursuan nents, this date will not	nt to 605.0207 (be listed as t
ecord specifies a delayed effective d is filed.	ate, but not an effec	tive time, at 12:	01 a.m. on the ear	lier of: (b) The 90th d	ay after the
December 14	. 2021	·			
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