L08000025048

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

Office Use Only



500183308325

07/29/10--01001--013 **30.00

ABLUNIASSEE FLORIDAS

RECEIVED

B. KOHR JUL 2 8 2010

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJ	Division of Corporations JECT: Onwards and Upwards LLC Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. e return all correspondence concerning this matter to the following:
The er	enclosed Articles of Amendment and fee(s) are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
	Sue Sheidler Name of Person
	Firm/Company
	4386 Hay 77 Address
	Graceville, FC 32440 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fu	urther information concerning this matter, please call:
	Sue Sheidler at (89) 263-3460 Name of Person Area Code & Daytime Telephone Number
Enclo	osed is a check for the following amount:
<u></u> \$2	25.00 Filing Fee \$\ \begin{array}{c c c c c c c c c c c c c c c c c c c

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number <u>L080002</u> 5048 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 end with 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: 4386 Hay 77

Enter Florida street address

Graceville, Florida 32440

City Zip Code New Registered Office Address:

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 608, 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 Agen

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Ma	anaging Member		
<u>Title</u>	Name	Address	Type of Action
<u>mgem</u>	Sue Sheidler	4384 Hay 77 Graceville, PC 32440	ddd Remove
Morm	Dietrich Covington	4400 Widgen Way Taflahaosee, FL 32303	Add Add Aemove
<u>MGem</u>	Tina Covington	4400 Widgen Hay TATLAHASSES, FC 32303	Add Aren ove
			Add Remove
			Add Remove
	 	·	Add Remove
D. If amendi	ng any other information, enter change((s) here: (Attach additional sheets, if necessary.)	_
			_
Dated	uly 28 , 201	10 /	
Dated	Signature of a member of	or authorized representative of a member	
-	Ting My	Counction	

Page 2 of 2

Filing Fee: \$25.00