

LD9000053654

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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 APR 23 AM 9:12

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J. SAULSBERRY
EXAMINER
APR 25 2012

COVER LETTER

O: Registration Section
Division of Corporations

SUBJECT: Corrao 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:

Michael Corrao

Name of Person

Firm/Company

545 SW 3rd Ave. Unit #6304A

Address

Gainesville, FL 32601

City/State and Zip Code

michael@corrao.me

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

For further information concerning this matter, please call:

Michael Corrao

Name of Person

at (904)

9824536

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

One Up Investments LLC

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/02/2009 and assigned
Florida document number L09000053654.

This amendment is submitted to amend the following:

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

Corrao LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

545 SW 3rd Ave.

Unit #6304A

Gainesville, FL 32601

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

505 SW 2nd Ave.

Unit #6304A

Gainesville, FL 32601

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:

Michael Ludovico Corrao

New Registered Office Address:

545 SW 3rd Ave. Unit #6304A

Enter Florida street address

Gainesville

Florida

32601

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 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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
MGR	Arian M. Rezaei	505 SW 2nd Ave. APT6304 Gainesville, FL 32601	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Michael L. Corrao	545 SW 3rd Ave. Unit #6304A Gainesville, FL 32601	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated April 20th, 2012



Signature of a member or authorized representative of a member

Michael Ludovico Corrao

Typed or printed name of signee

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TALLAHASSEE, FLORIDA