

L 09000096429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

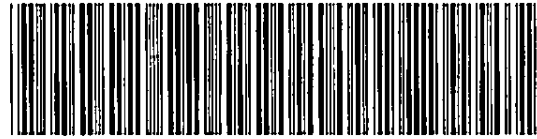
(Business Entity Name)

(Document Number)

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17 OCT 16 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature]
10/16/17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 22, 2017

ALEXANDRA WOLF
7771 W OAKLAND PARK BLVD. SUITE 100
SUNRISE, FL 33351 US

SUBJECT: UPSIDE MANAGEMENT, LLC
Ref. Number: L09000096429

2017 OCT 16 PM 4:21
TALLAHASSEE, FL 32314

We have received your document for UPSIDE MANAGEMENT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 254-6051.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 317A00019229

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: UPSIDE MANAGEMENT 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:

Alexandra Wolf

Name of Person

Upside Management LLC

Firm/Company

7771 W Oakland Park Blvd. Suite 100

Address

Surise FL 33351

City/State and Zip Code

alexandra.upside@gmail.com

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

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

UPSIDE MANAGEMENT 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 10/6/2009 and assigned
Florida document number 109000096429.

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)

7771 W OAKLAND PAR BLVD, SUITE 210

SUNRISE FL. 33351

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7771 W OAKLAND PAR BVD, SUITE 210

SUNRISE FL. 33351

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:

7771 W OAKLAND PARK BLVD, SUITE 210

Enter Florida street address

SUNRISE

City

, Florida

33351

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

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>
		7771 W OAKLAND PARK BLVD	<input type="checkbox"/> Add
		SUITE 210	<input type="checkbox"/> Remove
		SUNRISE FL. 33351	<input checked="" type="checkbox"/> Change
		7771 W OAKLAND PARK BLVD	<input type="checkbox"/> Add
		SUITE 210	<input type="checkbox"/> Remove
		SUNRISE FL. 33351	<input checked="" type="checkbox"/> Change
		7771 W OAKLAND PARK BLVD	<input type="checkbox"/> Add
		SUITE 210	<input type="checkbox"/> Remove
		SUNRISE FL. 33351	<input checked="" type="checkbox"/> Change
		7771 W OAKLAND PARK BLVD	<input type="checkbox"/> Add
		SUITE 210	<input type="checkbox"/> Remove
		SUNRISE FL. 33351	<input checked="" type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

FILED

Effective date, if other than the date of filing: _____ (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), an effective date will not be listed or the date of filing will be listed as the effective date if the date of filing is the same as the effective date.

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.

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

YANIR HADAN

Typed or printed name of signee

YANIR/HADAN

Typed or printed name of signee