

Mar-09-10

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From: Kirk Pinkerton

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L10000000986

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : KIRK PINKERTON, A PROFESSIONAL ASSOCIATION  
Account Number : 071670002600  
Phone : (941) 364-2481  
Fax Number : (941) 364-2490

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

Email Address: djreece@comcast.net

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
REECE MANAGEMENT, LLC

Certificate of Status	0
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D. BRUCE

MAR 10 2010

EXAMINER

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10 MAR -9 PM 4:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
10 MAR -9 AM 7:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: REECE 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:

Sue Jacobson, Esq.

Name of Person

Kirk Pinkerton, P.A.

Firm/Company

50 Central Avenue, Suite 700

Address

Sarasota, FL 34236

City/State and Zip Code

djreece@comcast.net

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

For further information concerning this matter, please call:

Sue Jacobson

Name of Person

at ( 941 )

364-2407

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

FILED  
10 MAR -9 AM 7:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**REECE 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 January 4, 2010 and assigned  
Florida document number L10000000986.

This amendment is submitted to amend the following:

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

UPSCALE PROPERTIES, LLC

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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.*

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
			<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
			<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 March 8, 2010

FILED  
 10 MAR -9 AM 7:59  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

*Sue A. Jacobson*  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member

Sue A. Jacobson, Esq., Authorized Representative  
 \_\_\_\_\_  
 Typed or printed name of signee