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D. BRUCE
JUL 0 5 2011
EXAMINER

## **COVER LETTER**

图 <b>O</b> : Negistration Section Division of Corporations	
SUBJECT: Upright Remodeling 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:	
Kristopher J. Stefani Name of Person	
Mpright Renadeling Firm/Company	
4115 Longfellow Drive	
Plant City, FL 33566  City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	II
For further information concerning this matter, please call:	AHA.
Kristopher Stefani at (813) 200-7157 Name of Person Area Code & Daytime Telephone Number	-I MILED  ARY OF STATE SSEEF FLORE
Enclosed is a check for the following amount:	om G
\$25.00 Filing Fee \$30.00 Filing Fee \$ \$55.00 Filing Fee \$ \$60.00 Filing Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Certified Copy (additional copy is enclosed)	f Status &

## 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

Upright	+ Remodeling, L	LC
	ability Company as it now appears o orida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liabi		2/28/2010 and assigned
This amendment is submitted to amend the followi	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and end with th "L.L.C."	he words "Limited Liability Company,"	'the designation "LLC" or the abbreviation
Enter new principal offices address, if applicabl	le:	
(Principal office address MUST BE A STREET A	<u> </u>	
		<b>3</b> 6.
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BO	<u></u>	SSS - I
		mo ≥ m
	1	CO TO
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	<u>e address here</u> :	0 <sub>A</sub>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter	Florida street address
	. Florida	
_	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.

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 = Managing Member Title Type of Action Name **Address** MGRM Kristopher J Stefeni 2311 Bottega Ln. #103 Add ☐ Remove Brandon, FL 33561 Remove ☐ Add ☐ Remove ∏ Add Remove ∏Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Please change all records to reflect Kristopher J. Stefani as Mark instead of an Mar E Dated Signature of a member or authorized representative of a member Kristopher Staton)
Typed or printed name of signee

Page 2 of 2

**Filing Fee: \$25.00**