## L11000095192

(Re	questor's Name)			
(Address)				
(Ad	ldress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
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SECRETARY OF STATE ALL AHASSEE, FUORIDA

J. SAULSBERRY EXAMINER JUN 1 2012

## **COVER LETTER**

TO:	Registration Se Division of Con	ection rporations	•			-
SUBJE	ст:		EAL ESTATE LLC	·		
		Name of Lim	ited Liability Company			
TI	-11	(A	having I for filling			
		Amendment and fee(s) are sul	_			
Please	return an correspo	ondence concerning this matter	r to the following:			
			CRISTINA RIVERA			
		-	Name of Person	•		
SAFETY BUSINESS LLC						
			Firm/Company		TAIS 28	
6220 S ORANGE BLOSSOM TRAIL 600		00	12 AM			
			Address		TAR ASS	ئىر. سو
ORLANDO FL 32809  City/State and Zip Code			<u>-</u>		r	
		CRIS <sup>*</sup>	TINA@SAFETYTAX.COM		2012 HAY 31 AM 9: 42 SECRETARY OF STATE ALLAHASSEE/FUORID!	
		E-mail address: (	to be used for future annual report notification	tion)	FE ILEX	
For fur	ther information of	concerning this matter, please of	call:			
		STINA RIVERA	ut (	88-4747		
	Name o	of Person	Area Code & Daytime T	elephone Number		
Enclose	ed is a check for t	he following amount:				
	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	·d)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ration Section on of Corporations ox 6327	STREET/COURIER Registration Section Division of Corporati Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UPHILL REAL I ( <u>Name of the Limited Liability Compan</u> (A Florida Limited L			
The Articles of Organization for this Limited Liability Company  Florida document numberL11000095192	were filed on08/11/2011	and as	signed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:		
UP2 INVEST REAL	L ESTATE LLC		
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the designation "	'LLC" or the	abbreviation
Enter new principal offices address, if applicable:	<b>\</b>	<b>≱</b> 5	2
(Principal office address MUST BE A STREET ADDRESS)			2 H
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		TARY OF STATE ASSEE, FLORIC	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		the name	of the new
Name of New Registered Agent:			<u></u>
New Registered Office Address:	Enter Florida street ad	ldress	
	. Florida		
<del></del>	City	Zip Coa	le .

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 **Type of Action** Title <u>Name</u> <u>Address</u> ☐ Add Remove □ Add Remove ☐ Add Remove Remove ∏Add ☐ Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) MAY 25, Dated \_ Signature of a member or authorized representative of a member EDSON'L. DE PAULA Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00