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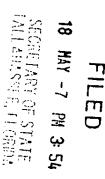


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K. SALY MAY 10 2018

## **COVER LETTER**

TO:, Registration Section Division of Corporations
SUBJECT: Metrolis Rocky LLC do Upside Housgement 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:
Alexandre wolf. Name of Person
upside Havement Firm/Company
7771 W OZKland Park Blud. SUY & 210
SUNY is C FL 33351  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person  at ()   Area Code   Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$(additional copy is enclosed)\$\$  Certified Copy (additional copy is enclosed)  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

18 ,	FILE
May May	-> PH
pnt 110	0.57 3 S4

Metropolis Recly LLC clo Obside Hanagement The (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

of Organization for this Limited Liability Company were filed on 3 5 2013 \_\_\_\_ and assigned

The Articles of Organization for this Limited Liability Company	were filed on 3 5 2013 and assigned		
Florida document number <u>L\30000 3369 3</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:		
Metropolis Realty LLC			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	PALE AIRO PURI ARO M 1ELL		
(Principal office address MUST BE A STREET ADDRESS)	Surk 210		
	Sunvisc 71. 33351		
Enter new mailing address, if applicable:	cloupside Honzgement LLC		
(Mailing address MAY BE A POST OFFICE BOX)	JATI W OCKLAND POLK Blud. Scik.		
	Survise Fl 33357		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	Enter Pioriaa street aaaress		
	, Florida		
	City Zip Code		
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr	ee to act in this canacity. I further garee to comply with the		
i nereny allen ine annomaneni as registeret agent anti all	ce to act in this capactif, I farther agree to compil with the		

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

18 MAY -7 PM 3: 54 Type of Action

ALLAMASS OF STATE Add

Remove or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> Name 1 **Address** ☐ Change □ Add \_□ Remove \_□ Change ☐ Add □ Remove ☐ Change ☐ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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Effective date, if other the fan effective date is listed, the date:  Note: If the date inserted in document's effective date or	date must be specific and can this block does not meet	not be prior to date of filing or the applicable statutory fil	(optional) more than 90 days after filing ing requirements, this date	.) Pursuant to 605.0207
e record specifies a de The 90th day after th	elayed effective date ne record is filed.	e, but not an effective	time, at 12:01 a.m.	on the earlier of
Dated 5/9/18	Signature of a mem	ber or authorized representati	ve of a member	
		son of authorized representation		

Page 3 of 3

Filing Fee: \$25.00