L14000077658

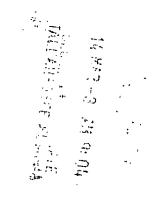
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000256981350

03/03/14--01056--008 **25.00



ABBROTO MAR O 4 2014

COVER LETTER

TO: Registration Section
Division of Corporations

UPONE 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:

MOANA SCHIAVO

Name of Person

ISH41 ASSETS LLC

Firm/Company

7901 KINGSPOINTE PKWY #10

Address

ORLANDO / FL / 32819

City/State and Zip Code

MOANASCHIAVO@GMAIL.COM

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

For further information concerning this matter, please call:

MOANA SCHIAVO

,,321 _\

2995880

Name of Person

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UPONE REMODELING 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 Liabi Florida document number L14000033658	lity Company were filed on 02/27/2014	and	d assig	med	
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of th	e limited liability company here:				
The new name must be distinguishable and end with the wor	ds "Limited Liability Company," the designation "LLC" or the	abbreviati	on "L.I	C."	
Enter new principal offices address, if applicabl	e:				
(Principal office address MUST BE A STREET A	ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:	registered office address on our records, enter	the na	me of	f the n	<u>ew</u>
New Registered Office Address:		7.4 - 1.7 - 4.7		<u> </u>	
_	Enter Florida street address , Florida	·, *	ا داد		
	City	· Zip C	ode:		
New Registered Agent's Signature, if changing Reg	istered Agent:	1,	<i>∷</i> O	171 j	
provisions of all statutes relative to the proper accept the obligations of my position as register	gent and agree to act in this capacity. I further ag and complete performance of my duties, and I am red agent as provided for in Chapter 605, F.S. Or istered office address, I hereby confirm that the li	familiar , if this c	with docum	and nent is	he

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or</u> Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Title **Address Type of Action** Name 1 7901 KINGSPOINTE PKWY #10 MGR FBR INVESTMENTS LLC □ Add ORLANDO, FL 32819 ■ Remove MGR FBREM INVESTMENTS LLC 7901 KINGSPOINTE PKWY #10 ■ Add ORLANDO, FL 32819 □ Remove □ Add □ Remove -☐ Remove _□ Add _□ Remove

amenum	ig any other information, enter change(s) here: (Attach adamonal sheets, if necessary.)
<u></u>	·
	date, if other than the date of filing: (optional) date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
	document is filed by the Florida Department of State)
Dated FE	BRUARY 28TH 2014
-	10000
	Signature of a member or authorized representative of a member
	MOANA SÉHIAVO

Page 3 of 3

Filing Fee: \$25.00