

L14000134182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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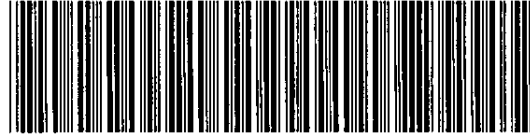
(Business Entity Name)

(Document Number)

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2015 SEP - 1 P 12: 44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 09/01/15

SEP 02 2015

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Upturn Services, 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:

Andrea Arnold  
Name of Person

Upturn Services, LLC  
Firm/Company

P.O. Box 725  
Address

Nokomis, FL 34274  
City/State and Zip Code

andrea.arnold@upturnservices.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrea Arnold at (941) 809-8439  
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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Upturn Services 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 8/27/14 and assigned  
Florida document number L14000134182

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)

210 Lake Shore Dr.  
Nokomis, FL 34275

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 725  
Nokomis, FL 34274

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:

Andrea Arnold

New Registered Office Address:

210 Lake Shore Dr.

Enter Florida street address

Nokomis

City

Florida

Zip Code

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2015 SEP - 11 P 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 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.

Andrea Arnold

If Changing Registered Agent, Signature of New Registered Agent

EFFECTIVE DATE 09/01/15

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Todd Florend	233 Tamiami Trl. S.	<input type="checkbox"/> Add
		Venice, FL 34285	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Andrea Arnold	P.O. Box 725	<input checked="" type="checkbox"/> Add
		Nokomis, FL 34274	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Brian Arnold	P.O. Box 725	<input type="checkbox"/> Add
		Nokomis, FL 34274	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Remove Todd Florand completely.

Add Andrea Arnold as AMBR and  
list as Registered Agent.

Thank you!

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E. Effective date, if other than the date of filing: Sept. 1st 2015 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated Aug. 27, 2015.

  
Signature of a member or authorized representative of a member

Brian Arnold  
Typed or printed name of signee