(Req	uestor's Name).			
(Add	ress)			
(Address)				
(City	/State/Zip/Phone	: #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	iness Entity Nan	ne)		
(Doc	ument Number)			
Certified Copies	Certificates	of Status		
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WROT TOT ARRIS

COVER LETTER

TO:	Registration Se Division of Co				
SUBJECT:		IHAUL	TECH LLC		
SUBJI	ECI:	Name of Lin	nited Liability Company		
The en	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:		
			BAYAS SIRIL		
			Name of Person		2011 I
		 	Firm/Company		ZOLI MAR - Z AM O. CO
			548 NE 42ND ST UNIT 6		A P
			Address		STELLON
		0.	AKLAND PARK, FL 33334		AGE S
			City/State and Zip Code		
		S	BAYAS68@GMAIL.COM		
		E-mail address: (to be used for future annual report noti	fication)	
For fur	ther information o	concerning this matter, please c	all:		
	BAYAS	SIRL	954 888-8801 at ()		
	Name o	f Person		e Telephone Number	_
Enclos	ed is a check for t	he following amount:			
□ \$2:	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing F Certificate of S Certified Copy (additional copy is	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





FLORIDA DEPARTMENT OF STATE Division of Corporations

February 9, 2017

SIRIL BAYAS 548 NE 42ND STREET UNIT 6 OAKLAND PARK, FL 33334

SUBJECT: UPPER TECHNOLOGIES, LLC

Ref. Number: L15000082786

FILED STATE STATE OF STATE OF STATE OF SOME SERVICE STATE OF STATE

We have received your document for UPPER TECHNOLOGIES, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P15000036468.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 817A00002682

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	UPPER TECHNOLOGIES,	LLC		
(Name of the Limited	Liability Company as it now apper Florida Limited Liability Company	ears on our records.)		
The Articles of Organization for this Limited Liab		05/11/2015	_ and as	ssigned
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	ne limited liability company	<u>here</u> :		
	IHAUL TECH, LLC			
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the	e designation "LLC" or the abbre	viation "I	L.L.C."
Enter new principal offices address, if applicab	le:	548 NE 42nd STREET		<u></u>
(Principal office address MUST BE A STREET.	ADDRESS)	UNIT 6	7	(2) (2) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4
		OAKLAND PARK, FLORI	DA 3333	34
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO		SBAYAS68@GMAIL.COM	-2 AMII:	AND STANDARDINA PIN TO YEAR
(Mutting duaress MAT DE A TOST OF TICE DC			05	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:	e address here: ICHIRO S. 548 NE 421	ROBINSON and STREET UNIT 6 Horida street address	e name	
	City	, Florida	Zip Code	
			•	

If Changing Registered Agent, Signature of New 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

New Registered Agent's Signature, if changing Registered Agent:

company has been notified in writing of this change.

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>	Address	Type of Action
MGR	SIRIL BAYAS	548 NE 42nd STREET UNIT 6	= Add
		OAKLAND PARK, FL. 33334	☐ Remove
			☐ Change
AMGR	ICHIRO S. ROBINSON	548 NE 42nd STREET UNIT 6	B Add
		OKLAND PARK, FL. 33334	Remove
			Change
AMGR	DALGER, NESLY	2496 NW 89TH AVE	
		SUNRISE, FL. 33322	■ Remove
		•	Change
AMGR	MESAMOUR, HAROLD	3868 NW 76th AVE	
		SUNRISE, FL. 33351	■ Remove
			Change
AMGR	COLEAU, HERNST	404 NW 68th AVE APT 118	
		PLANTATION, FL. 33317	Remove
			Change
AMGR	JOSEPH, ANTONIO	5424 TAFT STREET	Add: Ym
		HOLLYWOOD, FL. 33021	Remove
			-

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>	Address	Type of Action
AMGR	SAMSON, HENRILUS	4240 NW 24th STREET	□ Add
			■ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			Remove
			Change
			Add
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ote: If the document's ef	late inserted in this block doe ffective date on the Departme	es not meet the applicable ent of State's records.	statutory filing requiremen	(optional) ys after filing.) Pursuant to 605.0 ts, this date will not be listed :01 a.m. on the earlier	ias
ated	02/26	2017	1_		
		(
	Signatu	ire of a member or authorized	representative of a member	77 74	el Spr Will
_		SIRIL BA		MAR - 2	, <u>, , , , , , , , , , , , , , , , , , </u>
		Typed or printed na	me of signee	1000 A	40 As
		Page 3 o	£3	- ORZ	. STA

Filing Fee: \$25.00