

K15000107042

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(Business Entity Name)

(Document Number)

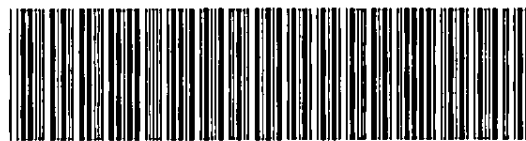
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OFFICE OF STATE
CLERK

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: UP UNIVERSAL PLUDWINSKI 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:

ADRIANA LOPES BARROS MUNHOLI
Name of Person
PREMIUM CONSULTING AND TAX SERVICES LLC
Firm/Company
8865 Commodity Circle Suite 13-102
Address
ORLANDO, FL. 32819
City/State and Zip Code
adriana@premiumtaxusa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ADRIANA LOPES BARROS MUNHOLI 321 352-1469
Name of Person at () Daytime Telephone Number
Area Code

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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

UP UNIVERSAL PLUDWINSKI 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 STATE FLORIDA and assigned Florida document number L15000107042.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

PREMIUM CONSULTING AND TAX SERVICES LLC

New Registered Office Address:

8865 Commodity Circle Suite 13-102

Enter Florida street address

ORLANDO

City

Florida

32819

Zip Code

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.



If Changing Registered Agent, Signature of New Registered Agent

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JAN 11 PM 4:13
OFFICE OF STATE
RECORDS

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>
MGR	PLUDWINSKI, DAVID M	18246 COLLINS AVE	<input type="checkbox"/> Add
		SUNNY ISLES, FL 33160	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PLUDWINSKI, MICHELLE	1661 AV RIO BRANCO APT 121 CAMPOS	<input type="checkbox"/> Add
		ELISEOS SAO PAULO, SP 01205 BR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ARIN, DANIELA	1220 GOLDEN CANNA LN	<input checked="" type="checkbox"/> Add
		CELEBRATION, FL 34747	<input type="checkbox"/> Remove
			<input 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

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

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: 06/18/2015 (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 January, 03, 2022

Signature of a member or authorized representative of a member

DANIELA ARIN

Typed or printed name of signee