

L16000009845

Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC  
Account Number : I20160000067  
Phone : (407)370-3686  
Fax Number : (407)370-3120

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: support@larsonacc.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
UPMAX, LLC

Certificate of Status	0
Certified Copy	0
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2017 OCT 11 PM 3:22  
TALLAHASSEE, FLORIDA

FILED  
2017 OCT 11 AM 7:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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### COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** UPMAX, 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:

CAROLINE G LARSON  
Name of Person

LARSON ACCOUNTING AND CONSULTING SERVICES LLC  
Firm/Company

7901 KINGSPONTE PKWY STE 17  
Address

ORLANDO, FL 32819  
City/State and Zip Code

support@larsonacc.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAROLINE G LARSON at (407) 3703686  
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**

UPMAX, 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 01/14/2016 and assigned Florida document number L16000009848.

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

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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: LARSON ACCOUNTING AND CONSULTING SERVICES LLC

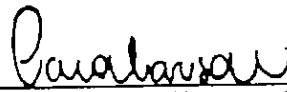
New Registered Office Address: 7901 KINGSPORTE PKWY STE 17

*Enter Florida street address*

ORLANDO, Florida 32819  
*City 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

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	KANAAN, SANDRA ELIANA N	R: SETE DE OUTUBRO, 280	<input type="checkbox"/> Add
		SAO PAULOSP 03407040 BR	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	HUGO F M DE ALENCAR	11838 SILVERLAKE PARK DR	<input checked="" type="checkbox"/> Add
		WINDERMERE, FL 34786	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DIEGO HERMANO	12654 CRAGSIDE LN	<input checked="" type="checkbox"/> Add
		WINDERMERE, FL 34786	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Carolina Kanaan de Alencar	11838 SILVERLAKE PARK DR	<input type="checkbox"/> Add
		WINDERMERE, FL 34786	<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

