

L26000048486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

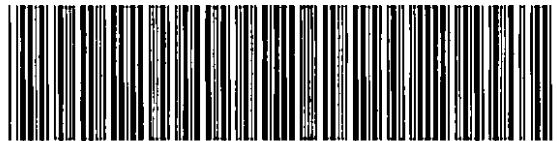
(Business Entity Name)

(Document Number)

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U.S.
08-64-12

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TRESUP 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:

HERBERT PENA

Name of Person

CALVINO & ASSOCIATES INC

Firm/Company

14331 SW 120 CT

Address

MIAMI, FL 33186

City/State and Zip Code

DOCUMENTS1040@HOTMAIL.COM

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

For further information concerning this matter, please call:

HERBERT PENA

305

909-9556

at (_____) _____

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**

TRESUP 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 03/08/2016 and assigned
Florida document number L16000048486.

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)

10019 W OKEECHOBEE RD

APT 202

HALEAH GARDENS, FL 33016

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10019 W OKEECHOBEE RD

APT 202

HALEAH GARDENS, FL 33016

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:

CALVINO & ASSOCIATES INC

New Registered Office Address:

14331 SW 120TH CT

Enter Florida street address

MIAMI

Florida 33186

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>
MGR	ABEL BOLANOS MARTINEZ	13493 SW 263RD TER	<input type="checkbox"/> Add
		HOMESTEAD, FL 33032	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA

2016 JUL 30 AM 8:52
TALLAHASSEE, FL DAVID

2016 JUL 30	FRI 8:32
Saint Kitts & Nevis TALLAHASSEE FL 32309	

FILED

07/01/18

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.

(b) The 90th day after the record is filed.

Dated

07/13/18

[Signature]
not authorized

Signature of a member or authorized representative of a member

David Ocumarez

Typed or printed name of signee