UNCO 165041

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration S Division of Co				
OF UP AND OWN	nefit Solution, LLC			
SUBJECT.	Name of Lin	nited Liability Company		
	f Amendment and fee(s) are sub ondence concerning this matter	-		
	Clifton Roach			
		Name of Person		
		Firm/Company		
	6218 SW 19th Street			16
		Address		
	Miramar, FL 33023			တ် ့
	clifton.roach@gmail.com	City/State and Zip Code		<u> </u>
East Greethan information		to be used for future annual report notifi	cation)	<u>ت</u> :
Clifton Roach	concerning this matter, please c	954 899-2552		
Name	of Person	at () 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 Sta Certified Copy (additional copy is en	tus &
	IVG ABBBBBB			

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

Streets Law, LLC				
(<u>Name of the Limited Liabi</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)			
The Articles of Organization for this Limited Liability Florida document number L16000105041	Company were filed on May 31, 2016	and assigne	ed	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	mited liability company here:			
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the al	obreviation "L.L.C.	÷*	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	DRESS)			
			770	
			*	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		တ်	~ · ,	
		77		
		င့္	· · ·	
B. If amending the registered agent and/or reg		the name of	the nev	
registered agent and/or the new registered office ad	dress here:		,-	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
	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>	Address	Type of Action
MGR	Clifton Roach	2500 Marina Bay Drive East	■ Add
		Unit 110	
		Fort Lauderdale, FL 33312	☐ Change
			Remove
			□ Change
			□ Add
			Change
			□ Add
			□ Remove
			Change
			□ Remove
			☐ Change
			□ Add
			Remove
			☐ Change

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n effective date is tee: If the date in	other than the date isted, the date must be spaceted in this block down date on the Depart	pecific and cannot blocs not meet the	e prior to date of applicable stati	filing or more than	90 days after filing	g.) Pursuant to 605.0
ament's effecti	ve date on the Depart	ment of State's re	coras.			
	fies a delayed eff after the record		ut not an ef	fective time, a	at 12:01 a.m.	on the earlier
ted	6/7/	16		1		

Page 3 of 3

Filing Fee: \$25.00