## L160001151C4

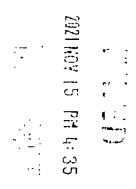
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700376435287

11/15/21--01029--013 \*\*25.00



A. BUTLER

DEC - 1 2021

## **COVER LETTER**

Tallahassee, FL 32314

TO:

TO: Registration So Division of Cor			
UPTOWN SUBJECT:			
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CESAR HENRIQUE AFF	ONSO WARD	
		Name of Person	15.000
		Firm/Company	
	8018 LUDINGTON CIR		
		Address	
	ORLANDÓ FL 32836		
	JULIANAMGAVIAO@HG		
For further information c	E-mail address: ( concerning this matter, please co	to be used for future annual report notiful:	fication)
JULIANA KARFITSAS	i e	321 4365110	
Name o	of Person	at () Area Code Daytimo	e Telephone Number
Enclosed is a check for t	he 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		Street Address: Registration Sec	etion
Division of C P.O. Box 632	Corporations	Division of Cor The Centre of T	porations
r.O. DOX 032	2.7	i ne Centre Ol T	ananassec

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UPTOWN 422 LLC

(Name of the Limited Liability Company as it now appears on our records!) 4: 35
(A Florida Limited Liability Company)

The Articles of Organization for this Limited	Liability Company	were filed on <u>06/14/20</u> 21	and assigned
Florida document number 1.16000115104	·		
This amendment is submitted to amend the fo	Howing:		
A. If amending name, enter the new name	of the limited liabi	lity company here:	
SAME			
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	SAME	
(Principal office address MUST BE A STRE	SET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	E BOX)		
			<del></del>
B. If amending the registered agent and/or agent and/or the new registered office addr		ddress on our records, <u>ente</u>	er the name of the new register
Name of New Registered Agent:	SAME		
Name Davistand Office Address			
New Registered Office Address:		Enter Florida street addr	ress
			Florida
		Сиу	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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	ROBERTO A DE LIMA	8018 LUDINGTON CIR	□Add
		ORLANDO FL 32836	<b>≡</b> Remove
			□Change
AMBR	SILVANA NUNES RIBEIRO WA	8018 LUDINGTON CIR	■Add
		ORLANDO FL 32836	□Remove
			□ Change
		<del> </del>	□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			□Add
			□Remove
			□Change

REMOV	'E ROBERT	O AND ADD S	SILVANA					
	-					•		
						*****		
		<u>.                                    </u>						
				<del></del>		<u>.</u>		
				***				<del></del>
		**		•				
		<del></del> -		-	_			<u> </u>
					<del></del>			
*****								
	<del></del>				-			
nativa dat	a ifakhantl	som tha data c	ef Glima.				( 4:	<b>、</b>
effective date	te is listed, the	date must be spe	n ming: _ citic and can	inot be prior t	o date of filing	or more than 90	(optional days after filing	) 3.) Pursuant to 605,02
te: If the d	ate inserted i	n this block doe on the Departme	es not meet	the applica	ble statutory	filing requiren	nents, this date	e will not be listed
anen yer	iceniic date c	in the Departme	int of State	, s records.				
card specif	ies a delaved	affective data	but not an	offactiva tir	no at 17:01 o	m on the ear	larati (b) T	he 90th day after th
s filed.	ies a delayed	checuve date,	out not an	errective til	ne, at 12.01 a	in. on the car	ier (ii. (b) - i	ne 30th day after ti
				1				
ed <u>NOVE</u>	MBER 09		2	.021				
	<del></del>				_			
				£		ttive of a memb		

Typed or printed name of signee