L16000127904

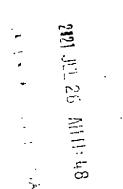
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Certified Copies	Certificate	e of Status
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Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: UP INTERNATIONAL LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
VANESSA SA/GADO Name of Person
AMERICA EXPERT LLC
AMERICA EXPERT LLC Firm/Company 409 NW 10+h TERRACE Address
HALLANDALE BEACH/FL 33009 City/State and Zip Code
ADMINFING AMERICA EXPERT COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
VANESSA SA/GADD at (305) 824.9100 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Filing Fee Certificate of Status 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

TAITEDMATIONAL (CC

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L1600012790</u> 4	ny were filed on07_/12/16 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Lia	hility Company," the designation "LLC" or the abbreviation "LL.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	409 NW 10th TERRACE HALLANDALE BEACH FL 33009
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	409 NW 10th TERRACE. HALLANDALE BEACHIFL 33009
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the name of the new registered
1	TRICA EXPERT LLC IW 10th TERRACE
HALLA	Enter Florida street address NDALE BEACH . Florida 33009 City Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>ı:</u>

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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 Type of Action Title Name Address Add _____ □Remove □ Change □Ā₫d ____ Change _____ □Change _____ Remove _____ ___ □Change

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	5.6
ective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot be prior to date of the lift the date inserted in this block does not meet the applicable status cument's effective date on the Department of State's records.	(optional) filing or more than 90 days after filing.) Pursuant to 605.0; tory filing requirements, this date will not be listed
scord specifies a delayed effective date, but not an effective time, at 12 s filed.	:01 a.m. on the earlier of: (b) The 90th day after t
ed July 23 2021	
	MBR_