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(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Name)	
(Do	ocument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Division of Corpor	ations			
SUBJECT: UPW	ARD COLICE Name of Limit	EPTS, LCC ed Liability Company		
The enclosed Articles of Ame	endment and fee(s) are subm	nitted for filing.		
Please return all corresponde	nce concerning this matter to	o the following:		
	TORGE	TGLESIAS Name of Person		
		Name of Person		
		Firm/Company		
	3821	5 W 31 ST Address		
	WEST ?	PARK, FL 33	023	
	Topic 10	PANK, FL 33. City/State and Zip Code SIAS @ HOTMAIL. be used for luture annual report notificat	<i>d</i>	
	E-mail address: (to	be used for luture annual report notificat	ion) \geq 23	
For further information conce	erning this matter, please cal	at (305) 788-9 Area Code Daytime Te	₩2, ₩3 ≥2, ₩2	
JORGE	TATECIAL	305, 788-9	75/5 S	
Name of Per	50n	Area Code Daytime Te	lephone Number	
			- 1	
Enclosed is a check for the fo	ollowing amount:		မော် က	
\$25.00 Filing Fec	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section

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

UPWARD CONCEPTS, 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 $\frac{8/22/20/6}{}$ and assigned
Florida document number <u>L/6000/57584</u> .
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."
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)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
D. If we do not a second of the money of the
B. If amending the registered agent and/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here:
registered agent and/or the new registered office address nere.
Name of New Registered Agent:
>
New Registered Office Address: Enter Florida street address
, Florida Till
City 7ip Ode
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 th
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 = A	Authorized Member		
<u>Title</u>	Name	<u>Áddress</u>	Type of Action
			□ Remove
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			C) (Thomas

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Signature of a member or authorized representative of a member	Dated 9-13- 2016.		
Signature of a member or authorized representative of a member	B. S. M. D.		
	(C) SESSIVIA B		

Page 3 of 3

Filing Fee: \$25.00