L/600179381

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
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(Document Number)
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COVER LETTER

SUBJECT:	UP SERVICES LLC
	Name of Limited Liability Company
ne enclosed Articles (of Amendment and fee(s) are submitted for filing.
ease return all corres	pondence concerning this matter to the following:
	Diogenes E Azacon
	Name of Person
	N/A
	Firm/Company
	11102 NW 83 ST BUILDING 9 APT 226
	Address
	DORAL, FL 33178
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
or further information	concerning this matter, please call:
Diogenes E Azacon	786 378-2302
Name	of Person Area Code Daytime Telephone Number

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

☐ \$30.00 Filing Fee & Certificate of Status

■ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

☐ \$60.00 Filing Fee, Certificate of Status &

Certified Copy (additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D&GROUP SERVICES LLC			
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited	Liability Compan	y were filed on	and assigned
Florida document number L16000179381	·		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited lia	bility company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	N/A	
Principal office address MUST BE A STRE	ET ADDRESS)		<u> </u>
			
Enter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE	E BOX)		
			£ 2
B. If amending the registered agent and	d/or registered o	office address on our records, g	
registered agent and/or the new registered (office address he	<u>re</u> :	W - 4
	N/A		
Name of New Registered Agent:	:N/A	<u> </u>	33 = 1
New Registered Office Address:	N/A		69
-		Enter Florida street address	
		, Flori	
		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
AMBR	LORENZO PERIU	1029 NW 5 ST APT # 6	⊟ Add
		Miami, Fl 33128	Remove
			Change
AMBR	RAFAEL E RAMIREZ	1135 NE 121 ST	■ Add
		North Miami, Fl 33161	Remove
			Change
N/A			Add
			Remove
			Change
N/A			Add
			Remove
N/A			
			OR move
			Change
N/A			🗀 Add
			□ Remove
			□ Change

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	07/17/017
ffecti	ve date, if other than the date of filing: (optional) (optional) (optional) (optional)
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
ocum	ent's effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
ated	07/17/2017
	Diosenes Azroon

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Typed or printed name of signee

Filing Fee: \$25.00