116000185433

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





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FILED

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COVER LETTER

oun le <i>c</i> t.		EVELOPMENT LLC			
SUBJECT:		Name of Limi	ted Liability Company		
		Amendment and fee(s) are sub			
Please returi	n all correspo	ndence concerning this matter t	to the following:		
		MARIA C SOUSA			
			Name of Person		
		SOUSA & ASSOCIATES	INC .		
• -		Firm/Company			
		7345 W SAND LAKE RD, STE 304			
-		Address			
		ORLANDO, FL 32819 City/State and Zip Code			
		CAROL@SOUSANASSO			
			to be used for future annual report notifi	cation)	
For further	information c	oncerning this matter, please ca	ail:		
MARIA C	SOUSA		407 800-7028		
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is	a check for the	ne 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 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

	F	IL	ΕD)
18	JUL	-9	Du.	3: 2 ₂
3(1)	1		1 FI 	3: 22

ONE UP DEVELOPMENT 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 10/05/2016	and assigned
Florida document number L16000185433		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation '	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		
· .		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent:	Mice address on our rec	ords, enter the name of the new
New Registered Office Address:	Enter Florida street a	11
	Cin	, FloridaZip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. performance of my dutie provided for in Chapter (s, and I am familiar with and 605, F.S. Or, if this document is
If Cha	nging Registered Agent, <u>Signa</u>	ture 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>	Name	Address	Type of Action
AMBR	MACHADO, ALEXANDRE M	ALAMEDA TERRACOTA,185	_ B Add
		AP 526-SAO CAETANO DO SUL	□ Remove
		SP. 09531-190 - BRAZIL	Change
			□ Remove
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· .			
			Rémove —
			Change 3.
			Remove
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lf an etl <u>Note:</u>	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier og 90th day after the record is filed.
Dated	JUNE 28 2018
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00