

5/30/2018

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet  
**L17000020486**

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(((H18000164859 3)))



H180001648593ABC9

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : ACCOUNT BOOKKEEPING CORP  
Account Number : 120120000055  
Phone : (407)898-1757  
Fax Number : (407)897-5336

FILED  
MAY 30 AM 6:12  
TALLAHASSEE FL 32309

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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60

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DEPARTMENT OF  
DIVISION OF CORPORATIONS  
TALLAHASSEE FL

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
UP BUSINESS PLUS LLC**

Certificate of Status	0
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MAY 31 2018  
J. HARRIS

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Corporate Filing Menu

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H180001648542

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: UP BUSINESS PLUS LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

VANESSA ROSA

\_\_\_\_\_  
Name of Person

ACCOUNT BOOKKEEPING CORP

\_\_\_\_\_  
Firm/Company

5301 CONROY ROAD SUITE 140

\_\_\_\_\_  
Address

ORLANDO/FL 32811

\_\_\_\_\_  
City/State and Zip Code

CONTROL@ABKCORP.COM

\_\_\_\_\_  
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

VANESSA ROSA

407 895-1757  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

H180001648543

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

UP BUSINESS PLUS 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 01/26/2017 and assigned Florida document number L17000020486.

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 "LLC."

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)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

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>	<u>Address</u>	<u>Type of Action</u>
MBR	WESLEY LOPES CANCADO	214 N SEA RD	<input checked="" type="checkbox"/> Add
		SOUTHAMPTON, NY 11968	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED  
DATE 11-15-2018 BY 60322 UCBAW/STP/STP

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#  
P14

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(5)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

05/30, 2018

Signature of a member or authorized representative of a member

Typed or printed name of signer

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25 FEB 80 AM 6:12  
 100-443011-1004

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