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SECRETARY OF STATE ALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: UPSER	LLC		
	(Name of Lim	ited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LUIS GUILLERMO LINA		
		(Name of Person)	
	UPSER LLC	(IV. (Q.)	<u></u>
		(Firm/Company)	
	653 NW 30 ST, APT 4		
		(Address)	
	MIAMI, FL 33127		
		(City/State and Zip Code)	
For further information c	oncerning this matter, please ca	all:	
LUIS GUILLERMO LIN		at (<u>480</u>) 559-4439	
(Name o	of Person)	(Area Code & Daytime T	elephone 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

UPSER LLC		
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our red Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Compa	any were filed on 07/21/2017	and assigned
Florida document number L17000156656		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
The new name must be distinguishable and end with the words "L	Limited Liability Company," the de	esignation "LLC" or the abbreviation
"L.L.C."		17 SE SAT
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	
		×SERY T
		Moral Market Parket Pa
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		10A
B. If amending the registered agent and/or registered	office address on our record	ds, enter the name of the new
registered agent and/or the new registered office address		
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Floria	la 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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our reco<u>rds</u>:

MGR = Manager

MGRM = Managing Member Title Name Address Type of Action ____Add Remove ☐ Add Remove Add 🛅 Remove _ Add Remove ☐ Add Remove ∏ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Amending the name of the Person Authorized to Manage the LLC and the name of the Managing Member of the LLC. Correct Spelling is Luis Guillerno Linares Colon. 2017 Dated July 25 Signature of a member or authorized representative of a member LUIS GUILLERMO LINARES COLON Typed or printed name of signee

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Filing Fee: \$25.00