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SECRETARY OF STAR

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COVER LETTER

SUBJECT:	Uptiq Sy	ystems LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jeremy Goolsby		
	18.00	Name of Person	
	Uptiq Systems LLC		
		Firm/Company	
	4670 NE 5th Ave #4		
		Address	
	Boca Raton, Florida 33431	I	
		City/State and Zip Code	
	jeremygoolsby@outlook.eo		
	E-mail address: (to be used for future annual report notifi	ication)
or further information e	oncerning this matter, please ca	ull:	
Jeremy Goolsby		561 703-4022	
Name of	f Person		Telephone Number
inclosed is a check for th	e 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

Registration Section
Division of Corporations

TO:

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**

	stems LLC
(Name of the Limited Liability (A Florida Liability)	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com	pany were filed on July 26, 2017 and assigned
Florida document numberL17000159950	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	l liability company here:
he new name must be distinguishable and contain the words "Limited i	Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	三 三
Principal office address MUST BE A STREET ADDRES	
•	
	元
Enter new mailing address, if applicable:	\$1 B
Mailing address MAY BE A POST OFFICE BOX)	
•	
If amending the registered agent and/or register registered agent and/or the new registered office addres	ed office address on our records, enter the name of the m
egistered agent and/or the new registered office addres	<u>s ner e</u> :
Marie PM Barbara I America	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code

1

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and scept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is zing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability impany 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
MGR	Syvaxa LLC	8 the Green Ste A	
		Dover, DE 19901	□ Remove
			☐ Change
MGR	Jeremy Goolsby	3030 N Rocky Point Dr Ste 150A	
		Tampa, FI 33607	□ Remove
			☐ Change
			D Add
			☐ Remove
			☐ Change
			D Add
			Remove
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ectiv	e date, if other than the c	date of filing:	(optional)
i effect te: - I f	ave date is listed, the date must the date inserted in this blo	be specific and cannot be prior to date of filing or more than 90 ck does not meet the applicable statutory filing requirem	days after filing.) Pursuant to 605.03 tents, this date will not be listed
		partment of State's records.	
reco		effective date, but not an effective time, at 1	12:01 a.m. on the earlier
reco	rd specifies a delayed Oth day after the reco		12:01 a.m. on the earlier
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Filing Fee: \$25.00