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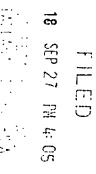
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Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: <u>U</u>	p Point Ma Name of Limi	Nagemen + ited Lipbility 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:	
	David Payne		
		Name of Person	
	Up Point Management		
		Firm/Company	
	7862 W. Irlo Bronson Men	norial Highway, Suite 503	
	<u> </u>	Address	
	Kissimmee, FL 34747		
	david@orlando-villa-rentals	City/State and Zip Code s.com	
	E-mail address: (to be used for future annual report notifi	cation)
For further information of	oncerning this matter, please ca	all:	
David Payne		407 709-2451	
Name o	Person	at ()	Telephone Number
Enclosed is a check for th	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

(Name of the Limited Liability Compa (A Florida Limited I	Management my as it now appears on our records.) Liability Company	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 18 0 0009 53</u> 44	were filed on <u>04/16/</u>	20/8 and assigned
This amendment is submitted to amend the following:		: 6
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	Sep 27
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8004 Acadia Estates Ct	
(Principal office address MUST BE A STREET ADDRESS)	Kissimmee, FL 34747	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	7862 W. Irlo Bronson Memorial F Suite 503 Kissimmee, FL 34747	lwy
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		enter the name of the nev
Name of New Registered Agent:	_	
New Registered Office Address:	Enter Florida street address	
	, Flori	da
	City	Micono

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	David Payne	8004 Acadia Estates Ct. Kissimmed	
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			Change
			Add
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ctive date, if other than the date of filing:	gust 6, 2018	(option	al)
effective date is listed, the date must be specific and cannot e: If the date inserted in this block does not meet the	e applicable statutory	or more than 90 days after fil filing-requirements, this d	ing.) Pursuant to 605.02 ate_will not be listed:
ument's effective date on the Department of State's r	records.		
e de la companya de l			- on the ondior
record specifies a delayed effective date, the 90th day after the record is filed.	out not an enecti	ve time, at 12:01 a.i	n. on the earner
August 2, 2018			
ed			
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00