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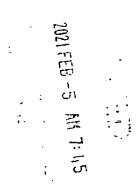
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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MAR 24 2021

COVER LETTER

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

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SUBJECT:	Upgrade L	ife Solutions LLC	
10bJr.C1;	Name of Lin	ited Liability Company	
	Amendment and fee(s) are sub	_	•
ricase return an correspo	ondence concerning this matter	to the following:	
		Shawntai K. Dalton	
	 	Name of Person	
		Upgrade Life Solutions, LLC	
		Firm/Company	
	15550 S.W. 49th Court		
		Address	
Miramar, Fl 33027			
	City/State and Zip Code		
	F-mail address:	taikayd@aol.com to be used for future annual report r	otification)
For further information c	oncerning this matter, please c	·	(Micanon)
Shawntai K. Dalton		305 336-0753	
Name o	f Person		time Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fec	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		<u>Street Address:</u> Registration l	
Division of C	Corporations	Division of C	Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION AND OF 2021 TO

2021 FEB -5 AM 7: 45

	Upgrade L	ife Solutions LLC	
(Name of the Limi	ted Liability Co. (A Florida Limi	mpany as it now appears on ted Liability Company)	our records.)
The Articles of Organization for this Limited L		any were filed on 05/09/2	2018 and assigned
This amendment is submitted to amend the fol			
A. If amending name, enter the new name o	of the limited l	iability company here:	
Upgrade Solutions LLC			
The new name must be distinguishable and contain the	words "Limited L	iability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STREE	ET ADDRESS	2	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	
B. If amending the registered agent and/or agent and/or the new registered office addre		ce address on our recor	ds, enter the name of the new registere
Name of New Registered Agent:	N/A		
New Registered Office Address:			
		Enter Florida s	treet 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

f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added r removed from our records:

MGR = M $AMBR = A$	lanager uthorized Member	- a of the	
<u> Citle</u>	<u>Name</u>	2021 FEB - 5 AM 7: 45	Type of Action
			🗆 Add
			□Remove
			□Change
			□ Add
		-	□Remove
			□ Change
			□Add
			□Remove
			□Change
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			□Remove
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			□Remove
			□ Change

N/A	· · · · · · · · · · · · · · · · · · ·
	2021 FEB -5 AM 7: 45
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ffective date, if other than the date of filing:	(optional) not be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) the applicable statutory filing requirements, this date will not be listed as the s records.
ecord specifies a delayed effective date, but not an e is filed.	ffective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Signature of a memb	202
Signature of a fricing	
	Shawntai K. Dalton ed or printed name of signee

Filing Fee: \$25.00