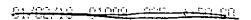


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C. GOLDEN JAN 1 1 2019

COVER LETTER

TO:	Registration Se Division of Cor			
CHELL		E EXPERTS LLC		
SUBJE	C1:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		ROBERTO KASINSKY		
			Name of Person	
		UPGRADE EXPERTS LL	С	
			Firm/Company	
		9780 W. SUBURBAN DR	IVE	
			Address	
		MIAMI, FL 33156		
		trudy@rokparts.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For furt	her information c	oncerning this matter, please of	all:	
TRUDY	7 GIESBERS		786 853-1422	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	d 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

FILED

2019 JAN -2 PM 3:51

UPGRADE EXPERTS LLC			TAKE OF A CONTROL OF THE CONTROL OF
(Name of the Lim	ited Liability Com (A Florida Limite	pany as it now appears on d Liability Company)	our records.) TALLAHASSEE, FL
The Articles of Organization for this Limited I	Liability Compa	ny were filed on May 23	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited li	ability company here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Lia	bility 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 STRE			
		N/A	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	E BOX)		
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:			r records, enter the name of the new
New Registered Office Address:	N/A		
New Registered Office Address:		Enter Florida st	reet address
			, Florida
		City	Zip Code
New Registered Agent's Signature, if changing	Registered Ager	<u>ıt:</u>	

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</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JUAN DAVIÐ GONZALEZ	9780 W. SUBURBAN DRIVE, MIAMI, FL 33156	Add
			☐ Remove
			☐ Change
			□ Add
			Remove
			Change
		□ Add	
			☐ Remove
			☐ Change
			□ Add
			Remove
			☐ Change
			
		☐ Remove	
			□ Remove
			☐ Change

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		90th day after the record is filed.
Signature of a member or authorized representative of a member		
,	Dated	- C 31 18 /

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00