20196172

(Re	equestor's Name)	
(Ad	ldress)	
(Äd	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
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COVER LETTER

	egistration Sec vivision of Corp			
oun inco	Upside Cer	ntral LLC		
SUBJECT	ı;	Name of Limi	ited Liability Company	
		Amendment and fee(s) are sub-		
	·	Eren J Sabanci	_	
			Name of Person	
		1920 Woodcrest Dr. #12	Firm/Company	<u> </u>
		Winter Park, Florida 327	Address 92	
		AaronS1SN@gmail.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	ication)
For furthe	r information co	oncerning this matter, please ca	all:	
Eren J S	abanci		407 437-9060 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	0 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

Upside Central LLC			_	
(Name of the Limited Liability (A Florida l	Company as it now appears on our Limited Liability Company)	records.)	,	
The Articles of Organization for this Limited Liability Co			ıssign	ied
Florida document number L18000196172	<u>-</u> :			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company here:			
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation	n "LLC" or the abbreviation	L.L C	**
Enter new principal offices address, if applicable:		<u> </u>		
(Principal office address MUST BE A STREET ADDRI	<u></u>			0_
			∞ 	VISI 13S
			S	물품
Enter new mailing address, if applicable:			24	
(Mailing address MAY BE A POST OFFICE BOX)			P	700 C
(maining dataress may be a 1031 of 11ch box)			<u>ب</u>	200. 200. 200.
			7	<u>S</u> m
B. If amending the registered agent and/or registe	ered office address on our r	ecords, enter the nam	e of	the nev
registered agent and/or the new registered office addr		,		
Name of New Registered Agent:				
New Registered Office Address:				
_	Enter Florida stree	t address		
		, Florida		
	City	Zip Co	le	
No. Designation of Assert Company of the price Designation	Amonts			

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</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Gabriel Govinda	9 Boothby Terrace	
		Lynbrook, Victoria, VC 3975 AU	D Add
			■ Remove
			Change
			□ Remove
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Page 3 of 3

Filing Fee: \$25.00