118000235269

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
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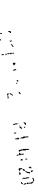
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Step Up Re	intals LCC	
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	mitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	And	trea Bryant	·
		De Rentals	
	24353 T	Win Lake Dr. Address	
	Land o'	City/State and Zip Code Stagedright 116 to be used for future annual report note	639
	E-mail address! (1	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	nili:	
Andrea Name o	Bryant	at (<u>813</u>) <u>495</u> Area Code Daytim	- 8924 e Telephone Number
Enclosed is a check for the	he 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Step Up 1	Untals, (CC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) nability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000 235 269</u> .	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	nity Company," the designation "LLC" or the ab	breviation "L L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nan	ne of the new registered
Name of New Registered Agent:		<u></u>
New Registered Office Address:	Enter Florida street address Florida	2 3 3 4 163
	City	Ztp Code
New Registered Agent's Signature, if changing Registered Agent:	4	<u></u>
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	provided for in Chapter 605, F.S. Or,	if this document is

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>	<u>Address</u>	Type of Action
AMBR	Raymond Bri	24353 Twi	nlake Dr DAdd
		ant 24353 Twi Lando'lakes.	F 34639 XIRemove
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	-10		□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Remove
			□Change
			□Add
			☐Remove
			□Change
			□Add
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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	re date, if other than the date of filing:
he record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the d.
Dated _	
	Inh
	Signature of a member or authorized representative of a member Andrea Bryant Typed or printed name of signee