Division of Corporations

Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

PULL UP VIP LLC

Certificate of Status 0 0 Certified Copy 01 Page Count \$25.00 Estimated Charge

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SOS 8 - 9UA T. LEMIEUX Td: 18506176383 From: 12147128131 Date: 08/08/22 Time: 7:31 AM Page: 02/04

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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PULL UP VIP LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) hability Company)	
The Articles of Organization for this Limited Liability Company Florida document number Lt8000236240	were filed on 10/05/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	3202 Woodland Dr. Hollywood Fl. 3302	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	3202 Woodland Dr. Hollywood Fl. 3302	I
(Mailing address MAY BE A POST OF FICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:		
Name of New Registered Agent:		<u>. – </u>
New Registered Office Address:	Enter Florida street address , Florida City	- 8 - FILE
	City	Zip Cod
New Registered Agent's Signature, if changing Registered Agent:	ŗ	6. 6.
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 p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I further agre performance of my duties, and I am fo provided for in Chapter 605, F.S. Or. i	ee to comply with the imiliar with and fails document is
If Char	nging Registered Agent, Signature of New Regi	stered Agent

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

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MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR Amanda Carbone	Amanda Carbone	3202 Woodland Drive , Hollywood, FL, 33021	
			□Remove
		□ Change	
			🗆 Add
		□Remove	
		[]Change	
		🗆 Add	
		[Remove	
		□Change	
		[]Add	
		□Remove	
			□ Change
		🗀 Add	
		□Remove	
			[] Change
			🗆 Add
			Петоче

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D. If ame _	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ve date, if other than the date of filing: (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3XI) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records
If the recor	d 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 ed.
Dated	July 29th 2022
	Signature of a member of authorized representative of a member Markley Medina

Typed or printed name of signee