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(Re	questor's Name)	
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COVER LETTER

то:	Registration Se Division of Cor				
end II		UP INVESTMENTS LLC			
SUBJE	ECT:		ited Liability Company		
The en-	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspo	indence concerning this matter	to the following:		
		LEONARDO FIGUEIREI	DO		
			Name of Person		
		SOLUTION ADVISING	LLC		
Firm/Company					
		5728 MAJOR BLVD - SU	JITE 609		
			Address		
		ORLANDO - FL - 32819			
			City/State and Zip Code		
		info@solutionadvising.com			
		E-mail address: (to be used for future annual report notif	ication)	
For fur	ther information c	oncerning this matter, please c	all;		
LEONARDO FIGUEIREDO		407 318-0058			
	Name o	f Person	at () Area Code Daytime	Telephone Number	
Enclose	ed is a check for th	ne following amount:			
■ \$25	5.00 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 Tallahussee, 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

FPM GROUP INVESTMENTS LLC	
(<u>Name of the Limited Liability Company a</u> (A Florida Limited Liabil	it now appears on our records.) ity Company)
The Articles of Organization for this Limited Liability Company wer Florida document number $\frac{1.18000242026}{1.18000242026}$.	e filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	company here:
The new name must be distinguishable and contain the words "Limited Liability C	ompany," the designation "LLC" or the albiviation" L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
_	
	6.
Enter new mailing address, if applicable:	32 80
Mailing address MAY BE A POST OFFICE BOX)	9
3. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the name of the ne
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City ZinCode

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	REGINA MARIA PIRES MOURA	837 RUNNER OAK ST	
		CELEBRATION, FL 34747	■ Remove
			Change
AMBR	Simone Pires Moura de Vasconcelo	837 RUNNER OAK ST	Add
		CELEBRATION, FL 34747	☐ Remove
			Change
			Add
			Romove 13. Romove 13. Romove 14. Romove 15. Romove 15. Romove 15. Romove 15. Romove
			Change
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			□ Remove
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Effective	date, if other than the dat	specific and canno does not meet th	e applicable sta	of filing or more than tutory filing requir	(optional) 90 days after filing.) ements, this date w	Pursuant to 605 0 vill not be listed	207 (3 (h) as the	
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