## L19000079043

(Re	questor's Name)	
(Ad	dress)	
(Δd	dress)	
(/10	uic <i>33)</i>	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
	_	
(Bu	isiness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
	_	
Special Instructions to	Filing Officer:	

Office Use Only

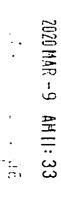


400341702884

05/09/20--01020--014 +**+**25.00

S TALLENT MAR 2 5 2020





## **COVER LETTER**

TO:

TO: Registration Se Division of Cor			
0 t t t t t t t t t t t t t t t t t t t	ACHE, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	CHRISTINA CIACCHI		
		Name of Person	
	UPPER APACHE, LLC		
		Firm/Company	
	7000 CHALLENGER AV	E	
		Address	
	TITUSVILLE, FL 32780		
		City/State and Zip Code	•
	E-mail address: (	to be used for future annual report not	tification)
For further information e	oncerning this matter, please co	all:	
Christina Ciacchi		321 258-7363	
Name o	City/State and Zip Code  piercarlo.ciacchi@gmail.com  E-mail address: (to be used for future annual report notification)  formation concerning this matter, please call:  cchi 321 258-7363  at (		
Enclosed is a check for th	ne following amount:		
<b>■</b> \$25,00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addres		Street Address:	action
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632	7	The Centre of	Tallahassee
Tallahassee, I	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UPPER APACHE, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{03/19/2019}{2}$ Florida document number L19000079043 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 Company," the designation "LLC" or the abbreviation "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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	PIERCARLO CIACCHI	7000 Challenger Ave, Titusville, FL 32780	■Add
			□Remove
		<del></del>	□Change
			□Add
			□Remove
			□ Change
<del></del>			□ Add
			□Remove
		<del></del>	□Change
<del></del>	<del></del>		□Add
			Remove
			[]Change
			□Add
			□Remove
			[]Change
			□Add
			□Remove
			□Change

10% - P	ERCARLO CIACCHI					
				,		
				· · · · · · · · · · · · · · · · · · ·		
				•		
	<del></del>					
			<del> </del>			
				<del></del>		<del></del>
			<del></del>	<del></del>		
				<u>-</u>		
<del></del>						
Note: If the d	if other than the date of filing is listed, the date must be specific and the inserted in this block does not rective date on the Department of States.	neet the applicab	o date of filing or r ble statutory filin	op more than 90 days af ng requirements, t	otional) der filing.) Pursua his date will no	ant to 605.0207 ( of be listed as t
e record specif rd is filed.	es a delayed effective date, but no	an effective tim	ne, at 12:01 a.m.	on the earlier of:	(b) The 90th	day after the
Dated	In 20 Yhaistur	202 Piarol	<u> </u>			
	Signature of a	member or authori	/ ized representativ	e of a member		

Filing Fee: \$25.00