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SEP 19 2022

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sails Up /nvestments, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tami McDowell = ElliottFann
Sails Up Investments LLC
732 W. Bayshore Dr.
St. Gronge Island FL 32328 City/State and Zip Code
E-mail address: (to be used for future applical report notification)
For further information concerning this matter, please call:
Tami McDowell at 186 865 6858 Area Code Daytime Telephone Number 850 227 6910
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) 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

(724)
ARTICLES OF ORGANIZATION
Or · · · ·
Sails Up Investments Philip
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) (E. L. J. & C. S. T. A. T. F. S. T. F. S. T. F. S. T. F. S. T. F. T. F. S. T. F. S. T. F. S. T. F. S. T. F.
he Articles of Organization for this Limited Liability Company were filed on 6/5/2019 and assigned
lorida document number <u>L19 000149</u> 699
his amendment is submitted to amend the following:
. If amending name, enter the new name of the limited liability company here:
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:
Principal office address MUST BE A STREET ADDRESS)
nter new mailing address, if applicable:
Mailing address MAY BE A POST OFFICE BOX)
. If amending the registered agent and/or registered office address on our records, enter the name of the new registered gent and/or the new registered office address here:
Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

_, Florida ___

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>	Address	Type of Action
AMBR	Elliott Fani	1 965 732 W.	Add
		n 965 732 W. Bayshore Dr 5+ George Grand, A 32328	Remove
		32328	□Change
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