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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: UPScale CAFE + Lounge 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:		
Jacquelyn Walker Name of Person		
upscale CAFE & Lounge		
76 Boal PKWYnw		
FORT Walton Beach FL 3254 City/State and Zip Code	رب	
E-mail address: (to be used for future annual report notification)	1 033	
For further information concerning this matter, please call:	n E	:: :::::::::::::::::::::::::::::::::::
Jacquelyn Walker at (850) 974-8608 Area Code Daytime Telephone Number	- 47	STATE
Enclosed is a check for the following amount:		
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S55.00 Filing Fee & □ \$60.00 Filing Fee	Status &	

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

(A	Florida Limited Liability Company)
The Articles of Organization for this Limited Liab Florida document number <u>L 190021</u>	ility Company were filed on OldalaOl 7 and assigned
This amendment is submitted to amend the following	ing:
A. If amending name, enter the new name of th	ne limited liability company here:
The new name must be distinguishable and contain the word	Is "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:
(Principal office address MUST BE A STREET A	4DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	DV)
B. If amending the registered agent and/or regi agent and/or the new registered office address b	istered office address on our records, <u>enter the name of the new registered</u> here:
Name of Name Basilet and Assess	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Reg	
provisions of all statutes relative to the proper accept the obligations of my position as registe	igent and agree to act in this capacity. I further agree to comply with the and complete performance of my duties, and I am familiar with and red agent as provided for in Chapter 605, F.S. Or, if this document is gistered office address. I hereby confirm that the limited liability ange.

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
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Dated	12/09	5	2	019				
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Filing Fee: \$25.00