h20000142206

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(2001000 21110)
(Document Number)
Certified Copies Certificates of Status
Consideration to Filipp Officer
Special Instructions to Filing Officer:

Office Use Only



700373191527

03/14/21--01020--021 **25.00



 ~ 1 \sim

COVER LETTER

	Division of Corp	porations		
CI.	Upstream D			
S.	JBJECT:	Name of Lim	ited Liability Company	
Th	e enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Ple	ease return all correspor	ndence concerning this matter	to the following:	
		Angela Garner		
			Name of Person	
		ZenBusiness, Inc.		
			Firm/Company	
		5511 Parkerest Drive, Suit	e 103	
			Address	
		Austin, TX 78731		
			City/State and Zip Code	
		fultillment@zenbusiness.co		
		E-mail address: (to be used for future annual report notifi	ication)
Fo	r further information co	oncerning this matter, please ca	all:	
A	ngela Garner c/o ZenBu	isiness, Inc.	844 493-6249	
	Name of	Person	at () Area Code Daytime	Telephone Number
En	closed is a check for th	e following amount:		
	\$25.00 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

Registration Section

TO:

Tallahassee, 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

UPSTREAM DESIGNS LLC			
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) Liability Company)		
ne Articles of Organization for this Limited Liability Company	were filed on 05/26/2020	and assigned	
orida document number L20000142206			
nis amendment is submitted to amend the following:			
If amending name, enter the new name of the limited liab	pility company here:		
e new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the a	abbreviation "L.L.C."	
nter new principal offices address, if applicable:	15129 Vinola Dr		
rincipal office address MUST BE A STREET ADDRESS)	Montverde, FL		
	34756		
nter new mailing address, if applicable:	15129 Vinola Dr		
Mailing address MAY BE A POST OFFICE BOX)	Montverde, FL		
· · · · · · · · · · · · · · · · · · ·	34756		
If amending the registered agent and/or registered of gistered agent and/or the new registered office address here.		r the name of the	
Name of New Registered Agent.	· ·		
New Registered Office Address:	Enter Florida sweet oddress		
	Florida	-, -	
-	City	Zip Gode	
gistered agent and/or the new registered office address here Name of New Registered Agent:	Enter Florida street address Florida City	zip Gode	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Eric Kaminsky		□ Add
		15129 Vinola Dr Montverde, FL 34756	Change
***			Add
			Remove
			Change
	-		
			□ Remove
			Change
			Add
			Remove
			Change
			Add
			☐ Remove
		-	□ Change
			Remove
			Change

	· · · · · · · · · · · · · · · · · · ·			 	_
					_
					_
					_
					_
					_
-					_
					_
- · · · · · · · · · · · · · · · · · · ·					- -
					_
					_
 	-	-			_
					_
 					_
r ree, at a la te al		C (71)			
E. Effective date, if oth (If an effective date is liste <u>Note:</u> If the date inse document's effective	ed, the date must be spe rted in this block do	ecific and cannot be prior to es not meet the applicab	date of filing or more than	(optional) 90 days after filing.) Pursuant to 6 ements, this date will not be limits.	605.0207 (3)(h isted as the
f the record specifies (b) The 90th day af			an effective time, a	t 12:01 a.m. on the ear	lier of:
Dated September 10		2021			
			, -		
15/0	Tic Kamins	iky	red representative of a mer	· · · · · · · · · · · · · · · · · · ·	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00