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To:	
	Division of Corporations
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From:	THE PROPERTY OF THE PROPERTY O
	Account Name : ALVAREZ, SUAZO & ASSOCIATES
	Account Number : I20130000076
	Phone : (305)388-7028
	Fax Number : (305)479-2705
	control burdance entity to be used for future
	**Enter the email address for this business entity to be used for future
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ON THE WAY UP FINANCIAL LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ON THE WAY UP FINANCIAL LLC			
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears ( Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on 07/24	4/2020	and assigned
Florida document number L20000219137			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here	<b>2</b>	
N/A			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the des	ignation "LLC" or the abl	breviation "L.L.C."
Enter new principal offices address, if applicable:	<u>N/A</u>		
(Principal office address MUST BE A STREET ADDRESS)			
	·	71	2
Enter new mailing address, if applicable:	N/A		020
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·	
			<del></del>
		-	n
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our rec	cords, <u>enter the sam</u>	ie of the new registere
agent and of the new registered office and the		3	
Name of New Registered Agent:			
New Registered Office Address:			
THE TOP TO STATE OF THE STATE O	Enter Florid	da street address	
		, Florida	
	City	·	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>		
I hereby accept the appointment as registered agent and ag	ree to act in this c	apacity. I further ag	ree to comply with the

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 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>	Name	Address	Type of Action
MGR	CARRIERI, CATERINA L	4703 NW 84TH CT	□Add
		DORAL, FL 33166	■Remove
			Change
			□ Remove
			Change
			□Add
			□ Remove
			Change
			□AbA
			□Remove
			Change
		<u> </u>	DAdd
			□Remove
			Change
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			□ Change

. If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:  (optional)  ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
the recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	August 10th
	Signature of a niember or authorized representative of a member
	CATERINA L. CARRIERI  Typed or printed name of signee

Filing Fee: \$25.00