

K21000119215

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

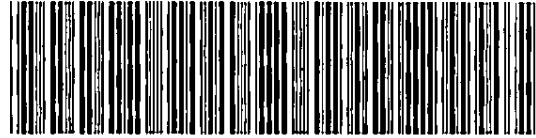
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FL

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BRUCE  
SEP 29 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 13, 2021

JAMES LEE MOODY  
913 COLYER ST.  
ORLANDO, FL 32805

SUBJECT: UPTOPARR360 BUILDING MAINTENANCE LLC  
Ref. Number: L21000119215

We have received your document for UPTOPARR360 BUILDING MAINTENANCE LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6842.

Deborah Bruce  
Corporate Records Supervisor II

Letter Number: 021A00022065

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** UptoParr360 Building Maintenance L.L.C.

\_\_\_\_\_  
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:

James Lee Moody

\_\_\_\_\_  
Name of Person

UptoParr360 Building Maintenance

\_\_\_\_\_  
Firm/Company

913 Colyer St.

\_\_\_\_\_  
Address

Orlando/Florida 32805

\_\_\_\_\_  
City/State and Zip Code

james.l.moody2@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Lee Moody

407

335-1694

at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

UptoParr360 Building Maintenance L.L.C.

**(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 March 12, 2021 and assigned  
Florida document number L21000119215.

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)**

913 Colyer St.

Orlando FL. 32805

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

523 Oak Ave.

Maitland FL. 32751

**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:

James Lee Moody

New Registered Office Address:

523 Oak Ave.

*Enter Florida street address*

Maitland

Florida 32751

*City*

*Zip Code*

**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>	<u>Address</u>	<u>Type of Action</u>
MGR	James Lee Moody	523 Oak Ave. Maitland FL. 32751	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Keith Allen Parr	437 Patton St. Wilmerding, PA 15148	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Switch titles of two members  
AMBR → Keith Parr  
MGR → James Moody

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 8/30/21 (optional)

(If an effective 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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated August 28, 2021.

Keith Parr  
Signature of a member or authorized representative of a member

Keith Parr  
Typed or printed name of signee

Filing Fee: \$25.00

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

Only wishing to change the address as well as the title designation for current members.

James L. Moody: 407-335-1694

Keith A. Parr: 412-770-7010; 386-301-8669

If there are any questions for either of us please feel free to reach out. Original filing had the mistake of the titles.

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TALLAHASSEE, FL

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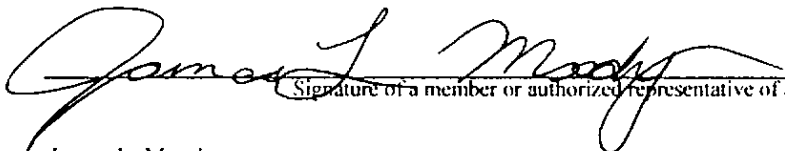
**E. Effective date, if other than the date of filing:** 8/30/21 **(optional)**

(If an effective 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)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated August 28, 2021

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

James L. Moody

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**