

L21000120228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

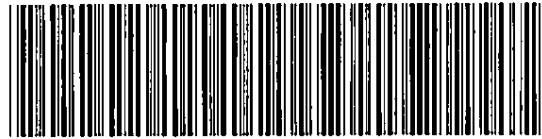
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



400365601714

05/05/21--01001--003 **25.00

RECEIVED

2021 MAY -4 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

-6 AM 10:32

STATE
TALLAHASSEE, FL

MAY 07 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 5, 2021

FLORIDA CAPITAL COURIER SERVICES, INC.

SUBJECT: DIZTRIBUTE LLC
Ref. Number: L21000120228

We have received your document for DIZTRIBUTE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Foreign LLC, but your entity is a Florida LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 021A00009338

RECEIVED
2021 MAY -6 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FL 32314

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

(OFFICE USE ONLY)

Business Name & Document Number, (if known):

I, Diztribute LLC L21000120228
Name Document Number (if known)

☒ Walk in ☐ Will wait

☐ Certified Copy Articles of Organization

☐ Certificate of Status

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ INC

☐ OTHER - Corp

AMENDMENTS

☐ Amendment
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Conversion

☐ Merger

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name
☐ Statement of Authority

☐ APOSTIL () _____
COUNTRY

REGISTRATION/QUALIFICATIONS

☒ Foreign Filing
☐ Limited Partnership
☐ Reinstatement
☐ CORRECTION for a Foreign LLC

☐ Trademark

_____ Other

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DIZTRIBUTE 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:

ROBERT W JACOBS, JR.

Name of Person

Firm/Company

PO BOX 83

Address

TERRA CEIA, FL 34250

City/State and Zip Code

sunbiz@politek.us

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

For further information concerning this matter, please call:

ROBERT JACOBS

941 315-7017

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

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

DIZTRIBUTE LLC

(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 03/23/2021 and assigned
Florida document number 1.21000120228.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

UPSCALE PARTNERS LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

Florida

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

Title	Name	Address	Type of Action
MBR	FIRST ALTERNATIVES LLC	8240 SW CATTLEY A DR	<input type="checkbox"/> Add
		STUART, FL 34997	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(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)

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.

Robert W. Jacobs, Jr.

Robert W. Jacobs, Jr.

Typed or printed name of signee