## L21000161880

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| PICK-UP WAIT MAIL                       |
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| (Business Entity Name)                  |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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## **COVER LETTER**

| Agimat Des                 | sign LLC                                     |  |                         |
|----------------------------|--|--|-------------------------|
| SUBJECT:                   | Name of Lim                                  | ited Liability Company   |                         |
|                            |  |  |                         |
| The enclosed Articles of   | Amendment and fee(s) are sub                 | mitted for filing.   |                         |
| Please return all correspo | ndence concerning this matter                | to the following:  |                         |
|                            | Ronald Laurente                              |  |                         |
|                            |  | Name of Person   |                         |
|                            | Agimat Design LLC                            | Name of Person  Design LLC  Firm/Company  Stwood Drive  Address  ter FL 33765  City/State and Zip Code  (@hotmail.com  E-mail address: tto be used for future annual report notification)  is matter, please call:  at ( |                         |
|                            | -  | Firm/Company   |                         |
|                            | 2331 Eastwood Drive                          |  |                         |
|                            |  | Address  |                         |
|                            | Clearwater FL 33765                          |  |                         |
|                            |  | City/State and Zip Code  | <del></del> _           |
|                            | rplaurente@hotmail.com<br>E-mail address: t  | to be used for future annual report notific  | cation                  |
| For further information co | oncerning this matter, please ca             |  |                         |
| Ronald Laurente            |  | 570 2678227  |                         |
| Name o                     | r Person                                     | Area Code Daytime  | Telephone Number        |
| Enclosed is a check for th | ne following amount:                         |  |                         |
| ■ \$25.00 Filing Fee       | ☐ \$30.00 Filing Fee & Certificate of Status | Certified Copy   | Certificate of Status & |
| Mailing Addres             |  | Street Address: Registration Sect  |                         |

Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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**

| Agimat Design LLC   |  |                             |
|---|--|-----------------------------|
| ( <u>Name of the Limited Liability Comp</u><br>(A Florida Limited   | iny as it now appears on our records.)<br>Liability Company) |                             |
| The Articles of Organization for this Limited Liability Company Florida document number L21000161880              | were filed on April 7,2021                                   | and assigned                |
| This amendment is submitted to amend the following:   |  |                             |
| A. If amending name, enter the new name of the limited liab   | ility company here:  |                             |
| UP2 ink LLC   |  |                             |
| The new name must be distinguishable and contain the words "Limited Liab  | hiy Company," the designation "LLC" o                        | r the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   | 30190 US Highway 19 N # 1050                                 | _                           |
| (Principal office address MUST BE A STREET ADDRESS)   | Clearwater FL 33761  | 11 23                       |
| Frincipal office address in Cost of its Children in the Cost  | <del> </del>   | 5 = 1:                      |
| Enter new mailing address, if applicable:   | 30190 US Highway 19 N # 1050                                 | JUN 29 F                    |
| (Mailing address MAY BE A POST OFFICE BOX)  | Clearwater FL 33761  |                             |
| maning data ess (and inc.) in the or a least the same   |  | 2, -                        |
|   |  | ভূম ক                       |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, <u>enfer the</u>                     | e name of the new registero |
| Name of New Registered Agent:   |  |                             |
|   |  |                             |
| New Registered Office Address:  |  |                             |
| New Registered Office Address:  | Enter Florida street address                                 |                             |
| New Registered Office Address:  | Enter Florida street address, Flori                          | da                          |

Thereby 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         | Ronald Laurente | 30190 US Highway 19 N #1050 | □Add           |
|              |                 | Clearwater FL 33761         | □Remove        |
|              |                 |                             | #Change        |
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| ective date, if other than the date of filing:  | 21                         |   | (optional)                            |   |
| reffective date is listed, the date must be specific and cannot be p<br>te: If the date inserted in this block does not meet the appearment's effective date on the Department of State's recon | plicable statute           | ing or more than 90 ory filing requirem       | days after filing.) Po                | arsuant to 605.02<br>If not be listed : |
| cord specifies a delayed effective date, but not an effective filed.  | re time, at 12:0           | I a.m. on the earli                           | er of: (b) The 9                      | Oth day after th                        |
| ed 6/25/2021  | ·                          |   |                                       |   |
|   | mule                       | entative of a membe                           |                                       |   |
| Signature of a member of a  | ไปได้เก็บได้เก็บได้เก็บการ | entative of a membe                           | ī                                     |   |

Filing Fee: \$25.00