## 121000161880

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## **COVER LETTER**

Registration Section Division of Corporations

TO:

emprees. L	1P2 INK LLC		
SUBJECT: U		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ronald Laurenre		
		Name of Person	
	UP2 INK LLC		
		Firm/Company	<del></del>
	2198 NE Coachman Rd Ui	nit H	
		Address	
	Clearwater FL 33765		
		City/State and Zip Code	
	up2inklle@gmail.com		
	E-mail address: (	to be used for future annual report not	ification)
For further information c	concerning this matter, please c	all:	
Name of Person		at () Area Code Daytin	ne Telephone Number
Enclosed is a cheek for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee.</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>
Mailing Addre Registration Division of C P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Co The Centre of	rporations
Tallahassee, FL 32314			pe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 21 007 15 FH12: 21

UP2 INK 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  $\frac{477/2021}{2}$ \_\_\_\_\_ and assigned Florida document number L21000161880 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." 2198 NE Coahman Rd, Unit H Clearwater FL 33765 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 2198 NE Coahman Rd, Unit H Clearwater FL 33765 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

## 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>	Name	Address 21 007 15 PH 12: 21	Type of Action
AMBR	Ma Gilda Laurente	7901 4TH ST N STE 3002	🗀 Add
		ST. PETERSBURG, FL 3370	<b>≡</b> Remove
			Change
AMBR	Chery Genio	2198 NE Coahman Rd, Unit H Clearwater FL 33765	5 ■Add
			□Remove
			□Change
			□Add
			□Remove
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	10/12/2024
fecti	ve date, if other than the date of filing:
m en ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
cum	ent's effective date on the Department of State's records.
	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
is fil	ed.
	10/12/2021
ated	·
	Mountain
	Signature of a member of authorized representative of a member
	$\overline{Y}$
	Ronald Laurente

Filing Fee: \$25.00