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(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration S Division of Co			
	LIFE ONE LLC		
SUBJECT:	Name of Lim	ited Liability Company	· · · · ·
The enclosed Articles of	`Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	_	
	JOSEPH A DESTEPHAN		
		Name of Person	
	UTOPUS LIFE ONE LLC		
		Firm/Company	
	221 JEFFERSON AVE AI	PT 4	`
		Address	
	MIAMI BEACH/FL 3313	9	
	·	City/State and Zip Code	<u>. </u>
	joe@jdrealtypb.com		
		to be used for future annual report not	ilication)
For further information of	concerning this matter, please c	all:	
JOSEPH A DESTEPHA	N.	305 586-7425 at ()	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check 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)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		<u>Street Address:</u> Registration Se	ection
Division of C	Corporations	Division of Cor	rporations
P.O. Box 632	27	The Centre of T	Fallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UTOPIUS LIFE ONE LLC		
(Name of the Limited I (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
he Articles of Organization for this Limited Liabi	lity Company were filed on 4-22-2021	and assigned
lorida document number 1.21000181159	·	
his amendment is submitted to amend the following	ng:	
a. If amending name, enter the new name of the	e limited liability company here:	
he new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
enter new principal offices address, if applicable	e:	
Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO.	<u></u>	
numg address MAT BE ATOST OFFICE BO.	<u> </u>	
		•
3. If amending the registered agent and/or regis	stered office address on our records, <u>enter the na</u> ere:	mé of the new regis
Name of New Registered Agent:		1, ,
New Registered Office Address:		
	Enter Florida street address	့် ပူ၊
	. Florida	<u></u>
-	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 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
			□Add
			□Remove
			□ Change
			□Remove
			□Change
		 	□∧dd
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□ Remove
			□ Change
			□Add
			□Remove
			□ Change

ANASTASIA DESTEPI	IAN OWNERSHIP BI	EING ADDED	AT 1.00% from 0.0	0%		
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ffective date, if other than an effective date is listed, the date Note: If the date inserted in the locument's effective date on the	must be specific and canr is block does not meet	not be prior to dat the applicable	e of filing or more that	90 days after filing	;.) Pursuant to 605.020)7 (3)(is the
record specifies a delayed effe d is filed.	ective date, but not an e	effective time, a	at 12;01 a.m. on the	earlier of: (b) T	he 90th day after th	e
0-30 eated	M Stirl Signature of a members	021				
		<u> </u>				

Typed or printed name of signee