12200013224

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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05/24/22--01010--027 **80.00

T. MATTHEWS JUL 28 2022

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	OTE END TOU Name of Limi	L LLC. ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Wesley	Name of Person	
	Upriend	Cax LLC Firm/Company	
	6301 NW	5 If Woy	
	fort caus	derdale, Fi City/State and Zip Code	33309
	Wespaul 2 E-mail address: (t	o be used for future minual report noti	CCM fication)
For further information co	oncerning this matter, please ca	oil:	
West e	y au	at (<u>754</u>) <u>366</u> Area Code Daytim	2-7735 e Telephone Number
Enclosed is a check for the	e following amount:	·	
	-	El ess no pulla pro e	71 500 00 1777 - 17-1
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	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

FILE ()
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION

OF

22 MAY 24 AM 9: 02

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited Liability Company Florida document number 12200013224	were filed on 01/0	05/2022 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designatio	on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	<u> </u>	W 5 H WAY	
(Principal office address MUST BE A STREET ADDRESS)	fait laud	5000 Lerdale, Ft 333	ე <i>C</i>
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records,	enter the name of the new register	<u>ed</u>
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street	t 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. Thereby 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>	Name	Address	Type of Action
<u>MBR</u>	Gellian Bryant	1809 NE 59th Street Fort Lauderchie, Fiz 3330	_ 🖸 Add
		fort Lauderchle, Fiz 3330	<u>)</u> 9 _{□Remove}
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fan effec <u>Note:</u> H	e date, if other than the date of filing:
	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 L.
d is file	
	May 18 2022
d is filed	MAY 18 Signature of a member of authorized representative of a member

Filing Fee: \$25.00