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Certified Copies	Certificates	s of Status
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Special Instructions to F	lling Officer.	
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corpor	ations		
SUBJECT: UPSC	ule Flipper.	s LLL	
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of Am	endment and fee(s) are subm	nitted for filing.	
Please return all corresponde	nce concerning this matter to	o the following:	
	Adiel D	Sanchez Mart	7 M
		Name of Person	
		Firm/Company	
	3670	7944 St. W	
		Address	
	St. Pete	Address FL 37713 City/State and Zip Code TP475 @ Gmail.	
		City/State and Zip Code	
-	is mail address: (1	o be used for future annual report notif	(ention)
C. C. about in Commission agent			
For further information conc	_		7210
Adul D Sai		177, 600 -	1660
Name of Po	rson	Area Code Daytime	: Telephone Number
Enclosed is a check for the f	ollowing amount:		
□ \$25.00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Sec	ction	<u>Street Address:</u> Registration Sec	ction
Division of Cor		Division of Cor	porations
P.O. Box 6327 Tallahassee, Fl.	. 32314	The Centre of T 2415 N. Monro	e Street, Suite 810
		Tallahassee, FL	32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Upscale Flippers 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 Compar Florida document number <u>L22</u> 00065738	1	•
This amendment is submitted to amend the following:		21
A. If amending name, enter the new name of the limited lia	bility company here:	IZZ HAY
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the design	ation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:		A 77.
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
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: Name of New Registered Agent:	e address on our recor	rds, enter the name of the new registered
agent and/or the new registered office address here: Name of New Registered Agent:	e address on our recor	rds, enter the name of the new registered
agent and/or the new registered office address here:	e address on our recor	
agent and/or the new registered office address here: Name of New Registered Agent:		
agent and/or the new registered office address here: Name of New Registered Agent:		treet address
agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida si City	treet address Florida
Name of New Registered Agent: New Registered Office Address:	Enter Florida si City t: gree to act in this capa te performance of my o	treet address, Florida Zip Code scity. I further agree to comply wit duties, and I am familiar with and

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>	<u>Address</u>	Type of Action
MGR	Adrel Sanchez Rodris	st. Retu FL 33713	V □Add
		5+. Retu FL 33713	Remove
			Change
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iote: If the d	late inserted in		ot meet the app	licable statutory	g or more man >) 2.) Pursuant to 605.020 2 will not be listed a
record specifies is filed.	fies a delayed e	Tective date, but	not an effective	e time, at 12:01	a.m. on the ea	rlier of: (b) T	he 90th day after th
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		E	D)		
		Signature o		thorized represen			
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Filing Fee: \$25.00