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Office Use Only



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PALLAHASSEE, FLUNIL

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## **COVER LETTER**

TO: Registration Sec Division of Corp			ζ.··
ŞTEP UP IN	STERNATIONAL LLC		Ÿ
SUBJECT:	Name of Limi	ited Liability Company	<del></del>
	Amendment and fee(s) are sub- indence concerning this matter	-	
	DANIELA LEON CORNE	CJO	
		Name of Person	
	STEP UP INTERNATION	AL LLC	
		· Firm/Company	<del></del>
	5537 SHELDON RD SUF	ΈE	
		Address	· · ·
	TAMPA FL 33615		
		City/State and Zip Code	
	dani_csp@hotmail.com		<del></del>
		to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	all:	
DANIELA LEON CORNEJO		+51 961 764-187	
Name of	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	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C	Section	<u>Street Address:</u> Registration Sec Division of Cor	
P.O. Box 632	7	The Centre of T	allahassee
Tallahassee. F	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

FILED

STEP UP INTERNATIONAL LLC

2027 DEC -1 AH 9: 39

(Name of the Limited Liability Company as it now appears on our records.) Static A Florida Limited Liability Company)

TALLAHASSEL. FL The Articles of Organization for this Limited Liability Company were filed on  $\frac{07/26/2022}{1}$ and assigned Florida document number 1.22000256052 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." SAME Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) SAME 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: SAME: Name of New Registered Agent: SAME New Registered Office Address: Enter Florida street address City

## 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
P	DANIELA LEON CORNEJO	5537 SHLLDON RD SUITE E	□Add
	-	ТАМРА, FL 33615	□Remove
			<b>≣</b> Change
VP	MAURICIO PEQUE ISLA TATUIANU	5537 SHELDON RD SUITE E	□Add
		TAMPA, FL 33615	□Remove
			■Change
D	MARIA GABRIELA DEL CARMEN CORNEJO	5537 SHELDON RD SUITE E	<b> </b> ∧dd
		TAMPA, FL 33615	□Remove
			□Change
			□Add
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Sote: If the date inserted in thi	s block does no	t meet the ap	plicable state	ming or more atory filing (	equirements.	this date will	not be l	605.02 listed
ocument's effective date on th	e Department o	f State's reco	rds.					
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d is filed.								
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Pated 12/01	73.67	2022	·					
)ated	Signature of		uthorized ray	المرجوا الأرام	a member			