L2200256052

Office Use Only



500398836785

12/14/22--01001--024 **25.00

2022 DEC 13 AM 10: 35

RECEIVED
2022 DEC 13 PH 4:21

COVER LETTER

| то: | Registration Sec Division of Corp | | | |
|--------------------|--------------------------------------|---|---|---|
| (1112) | | TERNATIONAL LLC | | |
| SUBJI | ECT: | Name of Limi | ted Liability Company | |
| | | | | |
| The en | closed Articles of Z | Amendment and fee(s) are subr | nitted for filing. | one Number I \$60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed) ons assec |
| Please | return all correspor | idence concerning this matter t | to the following: | |
| DANIELA LEON CORNE | | | no | |
| | | | Name of Person | |
| | | STEP UP INTERNATION | AL LLC | |
| | | | Firm Company | |
| | | 5537 SHELDON RD SUIT | TE E | |
| | | | Address | |
| | TAMPA FL 33615 | | | |
| | | dani_esp@hotmail.com | City/State and Zip Code | |
| | | • | o be used for future annual report notification | on) |
| For fu | rther information ec | oncerning this matter, please ca | all: | |
| DANI | ELA LEON CORN | EJO | +51 961 - 764-187 | |
| | Name of | Person | | phone Number |
| Enclos | ed is a check for th | ę following amount: | | |
| | 25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified Copy |
| | | - put ciept in manda eves fold | Street Address: Registration Section Division of Corpora The Centre of Talla 2415 N. Monroe Str Tallahassee, FL 323 | itions hassee reet, Suite 810 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



STEP UP INTERNATIONAL 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 L Florida document number $\frac{L22000256052}{L}$ | iability Company | were filed on <u>07/26/2022</u> | and assigned |
|--|--|--------------------------------------|--------------------------------|
| This amendment is submitted to amend the foll | owing: | | |
| 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". Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: SAME | | | |
| N/A | ument number 1.22000256052 Iment is submitted to amend the following: Inding name, enter the new name of the limited liability company here: Inding name, enter the new name of the limited liability company here: Inding name, enter the new name of the limited liability Company," the designation "LLC" or the abbreviation "LLC" Principal offices address, if applicable: Indice address MUST BE A STREET ADDRESS) Inding address, if applicable: Indice address MAY BE A POST OFFICE BOX) Inding the registered agent and/or registered office address on our records, enter the name of the new registered of the new registered office address here: Indice address on our records, enter the name of the new registered of the ne | | |
| The new name must be distinguishable and contain the v | ords "Limited Liabi | lity Company," the designation "LLC | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applic | able: | SAME | |
| (Principal office address MUST BE A STREE | T ADDRESS) | | |
| • | | | |
| | | address on our records, <u>enter</u> | the name of the new registered |
| Name of New Registered Agent: | SAME | | |
| New Registered Office Address: SAME | | | |
| | | Enter Florida street addre | ıs |
| | | F | lorida |
| | | 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 |
|--------------|-----------------------------------|-------------------------|--|
| MGR | DANIELA LEON CORNEJO | 5537 SHELDON RD SUITE E | □ Add |
| | | TAMPA, FL 33615 | □Remove |
| | | | € Change |
| AMBR | MAURICIO PEQUE ISLA TATUIANU | 5537 SHELDON RD SUITE E | |
| | | TAMPA, FL 33615 | □Remove |
| | | | ■ Change |
| ABMR | MARIA GABRIELA DEL CARMEN CORNEJO | 5537 SHELDON RD SUITE E | |
| | | TAMPA, FL 33615 | Remove |
| | | | X Change |
| | | | □Add |
| | | | □Remove |
| | | | Change |
| | | | ⊡Add |
| | | | □Remove |
| | | | \(\textstyle \t |
| | | | ⊕Add |
| | | | □Remove |
| | | | □Change |

| | | | | | | . | |
|--------------|----------------------|--|-------------------|-------------------|--|---|------------------------------------|
| _ | | | | | | | |
| | | | | | | 1910 | |
| | | | , | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | ` | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | _ | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | . , | | | |
| Note: If t | the date inserted in | an the date of filidate must be specific a this block does not the Department of | t meet the appli | cable statutory i | or more than 90 day filing requiremen | (optional) s after filing (Person is, this date will no | int to 605.0207 of be listed as |
| | | effective date, but n | ot an effective (| iime, at 12:01 a | m. on the earlier | of: (b) The 90th | day after the |
| | | | | | | | |
| rd is filed. | 12/13 | | 2022 | * | | | |
| rd is filed. | | | | Деон Согнејо | | | |
| rd is filed. | | | Daniela | Leon Cornejo | ntive of a member | | |

Filing Fee: \$25.00