

L22000256052

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

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2022 DEC 13 AM 10:35
SECRETARY OF
TALLAHASSEE, FL

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2022 DEC 13 PM 4:21
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STEP UP INTERNATIONAL LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANIELA LEON CORNEJO

Name of Person

STEP UP INTERNATIONAL LLC

Firm/Company

5537 SHIELDON RD SUITE E

Address

TAMPA FL 33615

City/State and Zip Code

dani_csp@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIELA LEON CORNEJO

+51 961 764-187

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

Mail
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P.O.
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P12 put
Receipt
in
Amanda
Reeves folder

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2022 DEC 13 AM 10:35
SECRET//NOFORN
TALL MAN/SECRET

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

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Type of Action</u>
MGR	DANIELA LEON CORNEJO	5537 SHELDON RD SUITE E	<input type="checkbox"/> Add
		TAMPA, FL 33615	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	MAURICIO PEQUE ISLA TATUIANU	5537 SHELDON RD SUITE E	<input type="checkbox"/> Add
		TAMPA, FL 33615	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
ABMR	MARIA GABRIELA DEL CARMEN CORNEJO	5537 SHELDON RD SUITE E	<input type="checkbox"/> Add
		TAMPA, FL 33615	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Filing Fee: \$25.00