

L22000270540

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

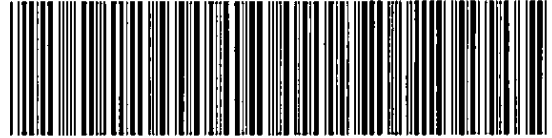
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2022 JUL 21 PM 4:24

ALLAHASSEE, FL 091

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2022 JUL 21 AM 8:24

SECRETARY OF STATE
ALLAHASSEE, FL 091

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please sue funds from the account: 120210000160, AMOUNT: \$ 30.00

Authorized Signature: 

ULTRAPREMIUM DISTRIBUTORS LLC 1.22000270540

Business

Document #

 Walk in

 Pick up time

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 Will wait

 Photocopy

 X Certificate of Status

 Certified copies of Articles of Incorporation

NEW FILINGS

 Profit

 Not for Profit

 Limited Liability

 Domestication

 Other

 CORP

OTHER FILINGS

 Annual Report

 Fictitious Name

 APOSTILLE (**Country**

EXAMINER'S INITIALS:

AMMENDMENTS

 X Amendment

 Resignation of R.A. Officer/Director

 Change of Registered Agent

 Dissolution/Withdrawal

 Merger

 Conversion

 Revocation

REGISTRATION/QUALIFICATIONS

 Foreign filing

 Limited Partnership

 Reinstatement

 Other

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___ Other

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ULTRAPREMIUM DISTRIBUTORS 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:

MARIA E DIAZ DIAZ

Name of Person

OFFICE UPKEEP, LLC

Firm/Company

1155 BRICKELL BAY DR UNIT 1804

Address

MIAMI, FLORIDA, 33131

City/State and Zip Code

theofficeupkeep@gmail.com

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

For further information concerning this matter, please call:

MARIA E DIAZ DIAZ

786

514.48.74

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)

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
ARTICLES OF ORGANIZATION
OF**

FILED

2022 JUL 21 AM 8:24

ULTRAPREMIUM DISTRIBUTORS LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on FLORIDA and assigned
Florida document number 1.22000270540.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

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:

New Registered Office Address:

Enter Florida street 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, I hereby confirm that the limited liability company has been notified in writing of this change.

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	MARIA E DIAZ	1155 BRICKELL BAY DR UNIT 1804	<input type="checkbox"/> Add
		MIAMI, FLORIDA, 33131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SUDHIR GOKLANI	200 BISCAYNE BOULEVARD WAY APT 3205	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA, 33131	<input type="checkbox"/> Remove
		200 BISCAYNE BOULEVARD WAY APT 3205	<input type="checkbox"/> Change
AMBR	SUDHIR GOKLANI	MIAMI, FLORIDA, 33131	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

[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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated JULY 21, 2022

Signature of a member or authorized representative of a member

MARIA E DIAZ

Typed or printed name of signee