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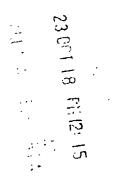
(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(B	usiness Entity Name)
(Di	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	J. HORNE
	OCT 2 6 2023

Office Use Only



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COVER LETTER

TO: Registration So Division of Con			•
Upsender I	LLC **	•	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jonathan Taboada		
		Name of Person	
	ZenBusiness INC		
		Firm-Company	
	Name of Limited Lability Company		
		Address	
	Tallahassee, Ft. 32301		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report not	ification)
For further information c	concerning this matter, please o	all:	
c/o ZenBusiness INC		· - ·	
Name o	of Person	Area Code Daytim	te Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addres		Street Address:	
Registration 9 Division of C		Registration Se Division of Cor	
P.O. Box 632		The Centre of T	•
Tallahassee.	FL 32314		e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Upsender 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 Company were filed on 10/11/2023 and assigned Florida document number $\frac{1.22000279664}{1.0000279664}$ 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 "14.0" 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

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
AMBR	Alona Rudnitsky	10632 N. Scottsdale Rd B436	
		Scottsdale, AZ 85254	
		US	_
	Amber Spears	10632 N. Scottsdale Rd B-I36	
		Scottsdale, AZ 85254	
		US	
			
			□Add
			□Remove
			\BChange
			
			□ Remove
			□Change
			□Add
			□Remove

			·····		
				-	

		7			
(If an effective Note: If the	date, if other than the date of date is listed, the date must be the date inserted in this block is effective date on the Department.	specific and cannot be price does not meet the appli	icable statutory filing	(optional re than 90 days after filin requirements, this dat	g.) Pursuant to 605.0207 (3
he record spo ord is filed.	ecities a delayed effective da	te, but not an effective	time, at 12:01 a.m. o	n the earlier of: (b) 1	he 90th day after the
Dated	11	2023	·		
	/s/Justin Francisco				
	Sig	nature of a member or aut	horized representative of	l'a member	