## 122000279895

(Re	questor's Name)	<del>.</del>
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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FILED 2022 JUN 30 AM 8: 07

## **COVER LETTER**

Division of Cor	rporations		
SUBJECT: Upson Unl	imited		
SUBJECT. Opson Our		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JOHN KIRK		
		Name of Person	
	THOMSON BROCK LUC	GER & COMPANY	
		Firm/Company	
	3375-G CAPITAL CIRCL	E NE	
		Address	
	TALLAHASSEE, FL 3230	08	
		City/State and Zip Code	
	JKIRK@TBL-CPA.COM	to be used for future annual report noti	footin)
C 6		•	neation)
ror turmer information c	concerning this matter, please co	aii.	
JOHN KIRK	****	at ( 850 ) 385-7444	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he 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)

'TO: Registration Section

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 JUN 30 AM 6: 07 Upson Unlimited, 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 June 20, 2022 \_ and assigned Florida document number L22000279895 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 "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: 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.

City

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	Thomas U Muller Jr.	501 Knights Run Ave. APT 4111	
			□Remove
			Change
***************************************			□Add
			□Remove
			□ Change
			□Add
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lf an effect <u>Note:</u> If	date, if other than the date of filing:ive date is listed, the date must be specific and cannot be the date inserted in this block does not meet the t's effective date on the Department of State's re	applicable statutory filing re	than 90 days after filing.) Pursuan equirements, this date will not	t to 605,020 be listed a
e record s rd is filed	pecifies a delayed effective date, but not an effective date.	tive time, at 12:01 a.m. on	the earlier of: (b) The 90th d	ay after the
	ne 24			