

(shown below) on the top and bottom of all pages of the document.

(((H23000291500 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 120000000146 Phone : (305)444-4994 Fax Number : (305)328-4774

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:___

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN \gtrsim WE UP REVENUE MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	. 0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help T. LEMIEUX

AUG 23 2023

ŧ

Τo

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WE UP REVENUE MANAGEMENT, LLC		
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con	mpany were filed on <u>07/20/2022</u>	and assigned
Florida document number 1.22000320123		·
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d Hability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE.	SS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		경 월
3. It amending the registered agent and/or registered o	office address on our records, <u>enter the n</u>	ame of the new registe
gent and/or the new registered office address here:		:
		129
Name of New Registered Agent:		
New Registered Office Address:		. 5
	Enter Florida sweet audress	Ę.
	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>	Address	Type of Action
AMBR	Franco Luis Buonvicino	2932 NW 16TH AVE APT 4A	≣ ∧dd
		Miami, FL 33142	
			□Add
			□Remove
			□ Change
			□Add
		IRemove	
			Change
			□∧dd
		DChange	
			□Add
		□Remove	
			☐Change
			□Add
			□Remove
			DChange

·		enter change(s) here: (Astach additional sheets, if necessary.)
		
		
	·	
		·
-		
Note: If the	te, if other than the date of late is listed, the date must be spe date inserted in this block doc effective date on the Departme	of filing: (optional) ecific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) ecific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) ecific and cannot be prior to date of filing requirements, this date will not be listed as the ment of State's records.
the record speci cord is filed.	ifies a delayed effective date,	but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	August	. 22
	Signatu	ure of a member or authorized representative of a member
		Maria Mercedes Martinengo