

L22000444459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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R. HUNT

09/30/24

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-54372
(850) 524-6243

Please use funds from the account I20210000160: _\$30.00_____

Authorization Signature: _____

Under Pressure Business Solutions LLC L22000444459

Business

Document #

☐ Walk in

☐ Will wait

☐ Certified Copy of the filing

☒ **Certificate of Status**

NEW FILINGS

☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ INC
☐ CORP
☐ OTHER

AMENDMENTS

☒ Amendment
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Conversion
☐ Statement of Correction.
☐ Merger

OTHER FILINGS

☐ Annual Report
☐ Fictitious Name
☐ Statement of Authority
☐ APOSTIL _____

COUNTRY

REGISTRATION/QUALIFICATIONS

☐ Foreign Filing
☐ Partnership
☐ Reinstatement
☐ CORRECTION for a Foreign LLC
☐ Domestication of a Foreign Corp.
_____ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: UNDER PRESSURE BUSINESS AND SOLUTIONS 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 MADALENA CALDAS-LOPES
Name of Person

MADE IN BRAZIL SERVICES
Firm/Company

2950 WINKLER AVE. SUITE 501
Address

FORT MYERS, FL 33916
City/State and Zip Code

MADEINBRAZILSERVICES@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA M. CALDAS-LOPES at (239) 810-6079
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**

UNDER PRESSURE BUSINESS AND SOLUTIONS 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 10/14/2022 and assigned Florida document number L22000444459.

This amendment is submitted to amend the following:

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

UP RESCREENING LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2525 CATTLEMEN ROAD, UNIT 3201
SARASOTA, FL 34232

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2525 CATTLEMEN ROAD, UNIT 3201
SARASOTA, FL 34232

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

City

Florida

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	MENARBINO, SVELLEN C	1052 MARLIN LAKES CIR. APT. 2114	<input type="checkbox"/> Add
		SARASOTA, FL 34232	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TAMPA, FL
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TREASURER, FL

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U.S. DEPT. OF STATE
TALLAHASSEE, FL

(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 requirements of 605.0207 (3)(b), the date will be deemed to be the date of filing.

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 09/25, 2024

-Assinado por:

Signature of a member or authorized representative of a member

SUELLEN C. MENARINO

Typed or printed name of signee