L22000518105

| (Requestor's Name) | | | | |
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| | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| | | | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
| (Boodine Namber) | | | | |
| | | | | |
| Certified Copies Certificates of Status | | | | |
| | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

| TO: Registration Se Division of Cor | | | | |
|--|---|---|--|--|
| | fillment LLC | /B | ı | |
| SUBJECT: | Name of Lim | nited Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | |
| Please return all correspondence | ondence concerning this matter | to the following: | | |
| | Eli Eroch | | | |
| | - | Name of Person | | |
| | Uptime Fulfillment LLC | | | |
| | | Firm/Company | ् हें। | |
| | TAL TAL | | | |
| | | Address | DEC 21 | |
| | Miramar, FL 3307 | | Fit 855 | |
| | | City/State and Zip Code | <u> </u> | |
| | eli@cesygroup.com | | | |
| For further information of | e-mail address: (concerning this matter, please c | to be used for future annual report no | diffication) | |
| Eli Eroch | oncoming and matter, prease o | 786 888-8100 | | |
| | of Person | at () | me Telephone Number | |
| Name | ir reison | Area Code Dayn | the releptone 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) | |
| Mailing Address: Registration Section | | Street Address: Registration S | | |
| Division of Corporations P.O. Box 6327 | | | Division of Corporations The Centre of Tallahassee | |
| Tallahassee, FL 32314 | | 2415 N. Monr | 2415 N. Monroe Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Uptime Fultillment, LLC | Company of the contract of contract | angude) |
|---|---|------------------------------------|
| (Name of the Limited Liability) (A Florida L | Company as it now appears on our relimited Liability Company) | <u>:corus.</u>) |
| The Articles of Organization for this Limited Liability Cor Florida document number L22000518105 | mpany were filed on 12/9/22 | and assigned |
| This amendment is submitted to amend the following: | • | |
| A. If amending name, enter the new name of the limite | ed liability company here: | |
| The new name must be distinguishable and contain the words "Limite | d 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 ADDRE | <u> </u> | |
| | | 707 |
| | | |
| Enter new mailing address, if applicable: | | 25 2 |
| (Mailing address MAY BE A POST OFFICE BOX) | | 0 |
| , | | 7 |
| | | |
| B. If amending the registered agent and/or registered or agent and/or the new registered office address here: | office address on our records, <u>e</u> | nter the name of the new regis |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street a | ddress |
| | | _, 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 |
|--------------|---------------------------|-------------------------------|-------------------|
| MGR | Signet International Inc. | 1111 Kane Concourse Suite 518 | _ □Add |
| | | Bay Harbor Island, FL 33154 | ■Remove |
| | | | □Change |
| MGR | VGM International, Inc | 1111 Kane Concourse Suite 518 | ≣ Add |
| | | Bay Harbor Island, FL 33154 | □ Remove |
| | | | □Change |
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| | | | □Remove |
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Typed or printed name of signce

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Eli Eroch