## 623000122159

| (Requestor's Name)   |           |
|--|-----------|
| (Address)  | 90040     |
| (City/State/Zip/Phone #)   |           |
| PICK-UP WAIT MAIL  (Business Entity Name)  | 03/29/23- |
| (Document Number)  |           |
| Certified Copies Certificates of Status  Special Instructions to Filing Officer: |           |
| Special instructions to 1 ming Officer.  |           |
|  |           |

Office Use Only



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R. HUNT 03/29/23

## **COVER LETTER**

Tallahassee, FL 32314

| TO: Registration S<br>Division of Co |  |  |  |
|--------------------------------------|--|--|--|
| SUBJECT: AS                          | Sh COW CONS<br>Name of Lin                   | Bultants LLC nited Liability Company   |  |
| The enclosed Articles of             | Amendment and fee(s) are sul                 | bmitted for filing.  |  |
| Please return all correspo           | ondence concerning this matter               | r to the following:  |  |
|                                      |  | Parks Name of Person   |  |
|                                      | Cash cou                                     | J COOSULTANTS Firm/Company   |  |
|                                      | 1317 Edge wat                                | er DR STE 6679<br>Address  | 777513 29 PM 1: 14   |
|                                      | Orlando, FL                                  | 32804<br>City/State and Zip Code   |  |
|                                      | Djivon Parks                                 | 32804 City/State and Zip Code  agmail - com to be died for future annual report noti | fication)  |
| For further information c            | oncerning this matter, please c              | all:   |  |
| Djison Pa                            | rus<br>(Person                               | at ( <u>781)</u> <u>523 -</u><br>Area Code Daytim                                    | 4484<br>Telephone Number   |
| Enclosed is a check for th           | ne following amount:                         |  |  |
| ▼ \$25.00 Filing Fee                 | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)                  | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address Registration S       |  | <u>Street Address:</u><br>Registration Sec   | tion   |
| Division of C                        | orporations                                  | Division of Cor  | porations  |
| P.O. Box 632                         | 7  | The Centre of T  | allahassee   |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (A Fiorida Limited  | mapmy Company)                  |   |          |                     |  |
|---|---------------------------------|---|----------|---------------------|--|
| The Articles of Organization for this Limited Liability Company<br>Florida document number <u>L 23000122159</u> .                               | y were filed on <u>03</u> ]0    | 8/2023                                  | and      | assigned            |  |
| This amendment is submitted to amend the following:   |                                 |   |          |                     |  |
| A. If amending name, enter the new name of the limited lia  | bility company here:            |   |          |                     |  |
| UPStone Pinnacle consultan  | ts LLC                          | _                                       |          | - <b>-</b>          |  |
| The new name most be distinguishable and contain the words "Limited Liab  | ility Company," the designation | on "LLC" or the abbro                   | eviation | "L.L.C."            |  |
| Enter new principal offices address, if applicable:   |                                 |   | *        |                     |  |
| Principal office address MUST BE A STREET ADDRESS)  |                                 |   |          |                     |  |
|   |                                 | :*                                      |          |                     |  |
|   |                                 | * | 29       | al e yema<br>e temp |  |
| Inter new mailing address, if applicable:   |                                 | 1 -                                     | 70       | 777                 |  |
| Mailing address MAY BE A POST OFFICE BOX)   |                                 | P166                                    | -44      | [-7                 |  |
| Mulang undress MAT BE AT OST OTTICE BOM   |                                 | FA                                      |          |                     |  |
|   |                                 | <u> </u>                                | _==      |                     |  |
| 3. If amending the registered agent and/or registered office gent and/or the new registered office address here:  Name of New Registered Agent: | address on our records.         | . <u>enter the name</u>                 | of the   | new regis           |  |
| Many Daniet and Office Address  |                                 |   |          |                     |  |
| New Registered Office Address:  | Enter Florida street address    |   |          |                     |  |
|   |                                 | , Florida                               |          |                     |  |
|   | City                            |   | Zip Ca   | ode                 |  |

## 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 |
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| Only 1            | name             | change               | +0       | Upstone                                  | Pinnacle               | Consultar  | its LLC           |               |
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| effective date is | listed, the da   | ate must be specific | and can  | not be prior to date<br>the annlicable's | of filing or more that | <b>(option:</b><br>han 90 days after fili<br>quirements, this da | ing.) Pursuant to | 605.01        |
| ment's effecti    | ve date on       | the Department       | of State | 's records.                              |                        | quirements, titts ut   | ac will not be    | nsteu         |
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|                   | $\smile$ $\iota$ | , Signatury          | n a memi | oct or authorized (                      | epresentative of a     | member   |                   |               |