## L23000186208

(Re	questor's Name)	
(Ad	dress)	
(Ād	dress)	
(Cit	y/State/Zip/Phone	: #)
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☐ PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(5-		
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer	
Special mediations to	i ming dimedi.	





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January 10, 2024

SEBASTIAN JARAMILLO 2114 N FLAMINGO RD #747 PEMBROKE PINES, FL 33028

SUBJECT: UPSTAY PROPERTIES LLC

Ref. Number: L23000186208

We have received your document for UPSTAY PROPERTIES LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida profit corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 324A00000542

Morgan E Lovett Regulatory Specialist II

www.sunbiz.org

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Upstay	Properties LLC
Sobsect.	Name of Limited Liability Company
The enclosed Articles of Amendment an	nd fee(s) are submitted for filing
Please return all correspondence concern	
	Sebastian Jaramillo
	Name of Person
	Firm/Company
2	114 N Flamingo rd. #747
	Address
Pen	Obroke Pines, FL 33028 City/State and Zip Code
	UpStay prop @g mail. com  E-mail address: (to be used for future annual report notification)
For further information concerning this	
Sebastian Jaramillo Name of Person	at ( <u>954</u> ) <u>548 - 8494</u> Area Code Daytime Telephone Number
Enclosed is a check for the following an	nount:
☐ \$25.00 Filing Fee  S30.00 F Certific	illing Fee & S55.00 Filing Fee & S60.00 Filing Fee, attentional copy is enclosed:  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
	RECEIVED
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	MAR 1 2 2024  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

Upstay D	roperties LLC d Liability Company as it now appears on our records.)
(Name of the Limite	ed Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Lia	ability Company were filed on $04/14/2013$ and assigned
This amendment is submitted to amend the follo	wing:
A. If amending name, enter the new name of	the limited liability company here:
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:
(Principal office address MUST BE A STREE)	T ADDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	BOX)
B. If amending the registered agent and/or reagent and/or the new registered office addres	egistered office address on our records, <u>enter the name of the new registered</u> s here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	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 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>	Name	Address	Type of Action
<u> M6R</u>	Cristian Castro	2114 N Flamingo Rd #747 Pembroke Pixes, FL 33028	_ the Add
			_ □Remove
		·	_ □Change
			_ 🗆 Add
		<del></del>	_ 🗆 Remove
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			_ □Remove
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o. If amending a	ny other information, enter change(s) here: (Attach additional sheets, if necessary.)
	——————————————————————————————————————
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Note: If the 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 to inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ective date on the Department of State's records.
cord is filed.	es 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 <u>03</u>	Signature of a member or authorized representative of a member
	Sebastian Jaramillo Typed or printed name of signee

Filing Fee: \$25.00