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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062

Phon**e**

: (323)962-8600

Fax Number

: (323)389~0502

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COVER.LETTER

10:	Division of Cor			. 1	i _e		
SUBJEC		M SOLUTIONS LLC	*	•	•		
300020		Name of Lim	nited Liability Company				
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please re	turn all correspo	ndence concerning this matter	to the following:				
		Mike Town					
			Name of Person				
		Legalzoom.com, Inc.	.,	••			
			Firm/Company				
9900 Spectrum Dr							
			Address		· 		
		Austin, TX 78717					
		mjp@upstreamsolutions.co	City/State and Zip Code				
		E-mail address: (to be used for future annual	report notificati	on)		
For furth	er information co	oncerning this matter, please co	all:				
Cheyenr	ne Moseley		800 77: at ()	3-0888			
Name of Person Area Code Daytime Telephone Number							
Enclosed	l is a check for th	e following amount:					
□ \$ 25.6	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fcc & Certified Copy (additional copy is enc		☐ \$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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 **UPSTREAM SOLUTIONS LLC**

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears of Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Compan Florida document number <u>L23000221393</u>	y were filed on _05/0	04/2023	_ 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	≧ :	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the desi	gnation "LLC" or the abbre	vistion "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		3	2024
Enter new mailing address, if applicable:		:	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	<u> </u>
		:	
B. If amending the registered agent and/or registered or registered or registered office address he		our records, enter th	e name of the T
TESTICAL ALCOHOLOGY SHE NEW TESTICION OF AUGUST OF	<u></u> .	î	: 5
Name of New Registered Agent:			-i <i>i</i> ∨
New Registered Office Address:			
	Enter Florida	a street address	
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent			
l hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of m provided for in Ch	y duties, and I am fam apter 605, F.S. Or, if i	niliar with and this document is

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

Title	Name	Address	Type of Action
AMBR	JOHNSON, GAYE T		O Add
		382 NE 191ST ST #530156 MIAMI, FL 33179	■ Remove
		 	Change
			Remove
			Change
		_	
			□ Remove
			Change
			D Add
			☐ Remove
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To:

Page 3 of 3

Typed or printed name of signee

Michelyne Pinard

Filing Fee: \$25.00