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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : I20080000045 Phone : (302)645-7400 Fax Number : (302)645-1280

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. 🔌

pgugel@sunupamerica.com Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SUNUP-FLORIDA, LLC

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JUL 2 7 2023

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

,	:.		
	Up-Florida, LLC	2*	
(Name of the Lim	ted Liability Company as it now appears on our r (A Florida Limited Liability Company)	ecor(k.)	
The Articles of Organization for this Limited 1	iability Company were filed on 05/18/2023		and assigned
Florida document number 1.23000245912			
This amendment is submitted to amend the fol	owing:		
A. If amending name, enter the new name of	f the limited liability company here:		
The new name must be distinguishable and contain the	vords "Limited Liability Company," the designation	"LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
			· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or	egistered office address on our records, e	nter the name	of the new registe
ngent and/or the new registered office addre	ss here:		
Name of New Registered Agent:			
		'ب'	(V)
New Registered Office Address:	Enter Florida street ii	ddress	<u> </u>
		Ulavida	• •
	City	. Florida	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		.
hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as regi wing filed to merely reflect a change in the company has been notified in writing of this	er and complete performance of my dutie stered agent as provided for in Chapter 6 registered office address. I hereby confir	s, and Lam far 105. F.S. Or. if	nillar w <u>ith</u> and This document is
	If Changing Registered Agent, Signat	ure of New Regis	lered Agent

(((H23000260182 3)))

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
MGR	Elizabeth M. Crane	3321 E. Atlanta Ave., Phoenix, AZ 85040	■Add
			□Remove
			□Change
			🗀 Add
			□Remove
			🗆 Change

			Remove
			□Change
			DAdd
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		on, enter change(s) here: (Attach additional sheets, if necessary.)	
			
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			-1300
<u>cote:</u> If the	date inserted in this block	the of filing:	n 605.0207 (r listed as t
record spec Lis filed.	ories a delayed effective d	late, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day	after the
ated	July 25	. 2023	
		Paul E. Gergel	
_	Sig	enature of a member or authorized representative of a member	.
		Paul E. Gugel Typed or printed name of signed	_