## L23000274359

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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## **COVER LETTER**

TO:

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SUBJECT:		STRUCTURES LLC		
SUBJECT:	<del></del>	Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		GEORGE GREEN		
			Name of Person	
	٠	NOT2TAXING		
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	<del></del>
		3170 N FEDERAL HWY	STE 100M	
			Address	
		LIGHTHOUSE POINT, F	L 33064	
			City/State and Zip Code	
		GEORGE@NOT2TAXING		
		E-mail address: (	to be used for future annual report not	ilication)
For further i	information c	oncerning this matter, please co	all:	
GEORGE GREEN			954 941-0821	
	Name o	f Person		e Telephone Number
Enclosed is	a check for th	ne following amount:		
<b>■</b> \$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		<u>Street Address:</u> Registration Se	ection	
Di	vision of C	Corporations	Division of Co	rporations
	O. Box 632		The Centre of 7	
I a	illahassee, l	rl 34314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FIRST UP STRUCTURES LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{06/06/2023}{1}$ and assigned Florida document number L23000274359 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FIRSTUP STRUCTURES LLC The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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

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Filing Fee: \$25.00