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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: UPSCALE CURB APPEAL LLC Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	JOSHUA RIBEIRO			
		Name of Person		
UPSCALE CURB APPEARL LLC				
		Firm/Company		
	1894 OCEAN POND DR			
		Address		
	JACKSONVILLE BEAC			
	nerissadunkin@gmail.com	City/State and Zip Code		
		to be used for future annual report noti	fication)	
For further information of	oncerning this matter, please c	all:		
JOSHUA RIBEIRO		at ()		
Name of Person		at () Area Code Daytim	e Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address		Street Address:	ation	
Registration Section Division of Corporations			Registration Section Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UPSCALE CURB APPEAL LLC	Company as it now appears on our v	records)
(A Florida	y Company as it now appears on our r Limited Liability Company)	**** **** /
The Articles of Organization for this Limited Liability Co	ompany were filed on DECEMBE	R 5, 2023 and assigned
Florida document number L23000539297	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ited 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 ADDR	ESS)	
		三 三の 、
Enter new mailing address, if applicable:		किंग गुं
(Mailing address MAY BE A POST OFFICE BOX)		
	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records, <u>e</u>	enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street o	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>	<u>Name</u>	Address	Type of Action
AMBR	CARLOS A GONZALEZ-ACOST	7419 SEVENTEEN WAY	□Add
		JACKSONVILLE FL 32244	
			Change
			□Add
			□Remove
			[]Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			□ Change
-			□Add
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)				
				
				
				
				
				
E. Effective date, if other than the date of filing:	g.) Pursuant to 605,0207 (3)(b)			
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) T record is filed.	he 90th day after the			
Dated June 24th . 2024.				
ann				
Signature of a member or authorized representative of a member	<u> </u>			
IOSHUA RIBEIRO				

EU E ASSOC

Typed or printed name of signee