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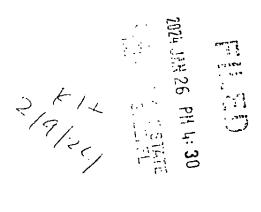
(Requestor's Name)
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
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Special Instructions to Filing Officer:

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# **COVER LETTER**

Division of Cor	porations			
UPSCALE SUBJECT:	EXPERIENCES EL DORADO	OPTY RENTAL LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	EUGENIA MILLENDER			
		Name of Person		
	UPSCALE EXPERIENCE	S EL DORADO PTY RENTAL LLO	C	
		Firm/Company		
	4177 ONEGA CIRCLE			
		Address		
	WEST PALM BEACH, FI	_ 33409		
		City/State and Zip Code		
	EUGENIAMILLENDER@			
The street of th		to be used for future annual report notifie	cation)	
ror turtner information c	oncerning this matter, please c	au;		
EUGENIA MILLENDE	R	561 385-3783		
Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	ne following amount:		. 2	6 41 Emmon
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is englosed)	

### Mailing Address:

TO:

Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

# 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

### UPSCALE EXPERIENCES EL DORADO PTY RENTAL LLC

(Name of the Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Liability Company Florida document number $\frac{L24000017783}{L24000017783}$	were filed on 01/08/2024	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	EUGENIA MILLENDER		
(Principal office address MUST BE A STREET ADDRESS)	4177 ONEGA CIRCLE		
	WEST PALM BEACH, FL 33409		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:		ame of the new registered	
	Enter Florida street address Florida	:30 	
	Cin	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
MGR	EUGENIA MILLENDER	4177 ONEGA CIRCLE	≣Add
		WEST PALM BEACH. FL 33409	□Remove
			☐Change
MGR	NICOLE PRIMOUS	4177 ONEGA CIRCLE	
		WEST PALM BEACH, FL 33409	=Remove
			☐ Change
			□Remove
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ective date, if other than the da reffective date is listed, the date must be	ite of filing:	(0	optional)	-2
n effective date is listed, the date must be te: If the date inserted in this block cument's effective date on the Depa	does not meet the applicable	te of filing or more than 90 days statutory filing requirements	after filing.) Pursuant to s, this date will not be	605,0207 listed as
cord specifies a delayed effective des filed.	ate, but not an effective time.	at 12:01 a.m. on the earlier o	of; (b) The 90th day a	ifter the
JANUARY 22	2024			
	mature of a member or authorize	de		
	17.			

Filing Fee: \$25.00

Typed or printed name of signee