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(Re	questor's Name)	
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Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
	Office Use Onl	v



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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJĖCT:	Party 1	Upgrade Orla	indo, LLC
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Tatyan	70 Olina Name of Person	
	~	ograde Orland	
	16557 T	4dor Grove L	
	Orlana	10, FC 32828	
	party upgr	10, FL 32828  City/State and Zip Code  (ade Orland of a be used for future annual report notified)	amail. com
For further information co	oncerning this matter, please ca		
Taty 9no	- Olina Person	at ( <u>407</u> ) <u>4/3 –</u> Area Code Daytime	2408 Telephone Number
Inclosed is a check for th	e following amount:		
√\$75,00 Filing Fee	☐ \$30,00 Filling Fee & Certificate or Status	[] \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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 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

<u>Party Upar</u>	rade Orlando,	LLC2u2:1: 30 1: 7: 26
(Name of the Limited Yinh (A Flori	ility Company as it now appears on o da Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Florida document number <u>L24000/23</u>	Company were filed on <u>03/</u> 886/	12/2024 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
the new name must be distinguishable and contain the words "L	imited Liability Company," the designat	tion "L.L.C." or the anbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida str	eet 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>	Name	Address	Type of Action
AHBR	Veldiaxova, Larissa, Mrs	16342 Tudor Grove Ct Orlando, FL 32828	□∧dd
(Title AP) Laris	Larisa, Fils	Orlando, FL 32828	tremove
			□Change
MGR Milinavicius, Larissa, M	Milinavicius,	16349 Tudor Lake Cl	CDA/dd
	Laris)4,Mis	16349 Tudor Lake Cl 119 Orlando, FC 32828	□Remove
			□Change
MGR Oling, Tat	Oling, Tatyana	16557 Tudor Grove Dr Orlando, FC 32828	OF Add
	7.43	Orlando, FC 32828	□Remove
			□Change
			🗆 Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

E. Effec	tive date, if other than the date of filing: (optional)
(It an el	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b)
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
uccui	active content of the Department of State 8 records.
If the reco record is f	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	·······
15	06-12-14
Dated	06-18-24 Olen
	Oleman
	Signature of a member or authorized representative of a member
	Tatyana Clina

Typed or printed name of signee

t