## L24000162135

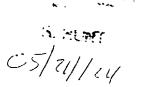
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

SUBJECT: Upside Proj	perty Holdings LLC		٠.		
Soldier.	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:			
	Amber Jernigan				
		Name of Person			
		Firm/Company			
	1113 Crane Cove Blvd				
		Address			
	Gulf Breeze, FL 32563			-	
	amberjerniganrealtor@gma	City/State and Zip Code			
		to be used for future annual report noti	fication)		
For further information of	oncerning this matter, please c	all:		• •	
Amber Jernigan		at (850 ) 633-9009 Area Code Daytim	···. : .	41:5	
Name o	f Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$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		Street Address:	ction		
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

Upside Property Holdings LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our record Liability Company)	(5.)
The Articles of Organization for this Limited Liability Company	were filed on 04/04/2024	and assigned
Florida document number L24000162135		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited lial	pility company here:	
Amber Jernigan LLC		
he new name must be distinguishable and contain the words "Limited Liab	ility 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)		
		- ,
3. If amending the registered agent and/or registered office	address on our records, enter	
gent and/or the new registered office address here:		-
Name of New Registered Agent:	<u>-</u>	
New Registered Office Address:		
	Enter Florida street addres	is .
	, Flo	orida
	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
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			□Remove
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			□Remove
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