8/28/24, 11;14 AM

Division of Corporations



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(shown below) on the top and bottom of all pages of the document.



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MEDEIROS SOUZA CORP

Account Number : I2019000068 : (407)326-8484 Fax Number : (407)604-6519

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: contact@medeirossouza.com

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN UPSIDE INVESTMENT USA LLC

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AUG 29 22-4

Registration Section

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO:

#### From: RUBEM SOUZA

## **COVER LETTER**

Div	ision of Cor	porations		
		IVESTMENT USA LLC		
SOBJECT:	·	Name of Lim	ited Liability Company	-
The enclosed	1 Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Rubem Souza		
		•	Name of Person	
		Medeiros Souza corp		
			Firm/Company	<del></del>
		1711 Amazing Way, Ste 2	13	
			Address	
		Ococe, FL 34761		
			City/State and Zip Code	
		contact@medeirossouza.com		
			to be used for future annual report no	fification)
For further in	aformation c	oncerning this matter, please co		
Rubem Souz	a		407 326 - 848- at () Area Code Dayti	<b>!</b>
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	iling 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)
	iling Addres gistration S		Street Address; Registration S	ection
Div	rision of C	orporations	Division of Co	orporations
P.C	D. Box 632	1	The Centre of	I allahassee

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### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UPSIDE INVESTMENT USA LL			
(Name of the Lim	ited Liability Compa (A Florida Limited !	ny as it now appears on our reco Liability Company)	ordş.)
The Articles of Organization for this Limited I Florida document number L24000218365	Liability Company	were filed on 05/16/2024	and assigned
This amendment is submitted to amend the fol	lowing:		2024 AUG
A. If amending name, enter the new name of	of the <u>limited liab</u>	ility company here:	- 28 H
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation "L.L.C?"
Enter new principal offices address, if appli	cable:	1711 Amazing Way Ste 213	, Ococe, FL 3476 5
(Principal office address MUST BE A STRE	ET_ADDRESS)		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE			6, Ococe, FL 34761
(Statung dauress SIMT DE ATOM OF THE	<u> </u>		
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, <u>ent</u>	er the name of the new <u>registere</u>
Name of New Registered Agent:	MEDEIROS SO	OUZA CORP	
New Registered Office Address:	1711 Amazing	Way, Ste 213	
	<del></del>	Enter Florida street add	ress
	Ococe	_	Florida <sup>34761</sup>
		Cirv	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 Changing Registered Agent, Signature of New Registered Agent

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	SILIVIA SIQUEIRA NOVACK VI	16025 Vetta Dr Montverde, FL 34756	
			■Remove
			□Remove
			☐ Change
			□Add
			□Remove
			Change
			□Remove
			□Change
	<del></del>		□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change

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te inserted in this block does not meet the ap ective date on the Department of State's reco	pplicable statutory filing requirements, this date will not bords.	oe listed as the
te inserted in this block does not meet the ap	pplicable statutory filing requirements, this date will not b	to 605.0207 (3)( be listed as the
		<del></del>
		<del></del>
	<u> </u>	
		<del></del>
		ny other information, enter change(s) here: (Attach additional sheets, if necessary.)

Filing Fee: \$25.00

Typed or printed name of signee