117000223404

(Requestor's Name)		
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(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nan	ne)
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FEB 1 3 701A J. HARRIS

COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT:	sten Up Floride	a LLC ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Carolin	e Smith			
		Name of Person			
	.	Firm/Company	and the state of t		
771 72nd Ave. N. Address					
		Address	······································		
St. Petersburg, PL 33702 City/State and Zip Code					
		City/State and Zip Code			
	Smjth.lir E-mail address: (nny @ amail. con to be used for fifture annual report	notification)		
For further information c	oncerning this matter, please co	all:			
		at ()			
Name o	f Person	at ()	time Telephone Number		
Enclosed is a check for the	he 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: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301



January 18, 2018

CAROLINE SMITH 771 72ND AVE N ST PETERSBURG, FL 33702

SUBJECT: LISTEN UP, FLORIDA LLC

Ref. Number: L17000223404

We have received your document for LISTEN UP, FLORIDA LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

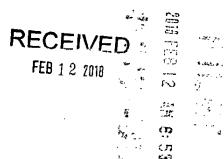
You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 718A00001170



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Listen Up, Florida		
(Name of the Limited Liability Company a (A Florida Limited Liab	as it now appears on our records.) ility Company)	_
The Articles of Organization for this Limited Liability Company we Florida document number 1700223404	ere filed on October 27, 2017 and	l assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	y company here:	
The new name must be distinguishable and contain the words "Limited Liability of	Company," the designation "LLC" or the abbreviation	n "L,L.C."
Enter new principal offices address, if applicable:	en page	(C)
(Principal office address MUST BE A STREET ADDRESS)	B+ 15	
-	p - g.s.	(CD) (SALE)
		<i>№</i> 1
Enter new mailing address, if applicable:	a	
(Mailing address MAY BE A POST OFFICE BOX)		00
_	·	,ca
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our records, enter the na	me of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida City Zip C	
	Cay Zp C	оше

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, \underline{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	Jaycie Newton	1745 17th Ave. N.	t Add
		unit 15B	Remove
		St. Petersburg, FL 33713	Change
MGR	Shelby Hylton	3900 Beach Dr. SE	d Add
		St. Petersburg 172 33705	Remove
			Change
MGR	Luke Cross	127 23rd Ave.s.	L Add
		St. petersburg, FL 33705	□ Remove
			Change
MGR	Kelly Lewis	116 17th Ave. NE	_L Add
		St. Petersburg, FL 3370	☐ Remove
			Change
MGR	Justine Ortiz	957 10th Ave. S.	_ Add
		St. Petersburg, FL 33705	Remove
			Change
MGR	Brandon Shuler	834 9th Ave. S.	_dvAdd
		St. Petersburg, FL 33701	Remove
AA (. 17	EVAN Conida		Change
MAK	Evan Smith	2 of 3 771 72 and Ave. N.	
		St. petersburg, FL 337	To J

. If amending any other information, enter change(s) here: (Attach additional shee	
•	
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 Note: If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records. the record specifies a delayed effective date, but not an effective time, at b) The 90th day after the record is filed.	ments, this date will not be listed as the
Dated 110 2018	* 6 20
Signature of a member or authorized representative of a mem	ber
Caroline Smith	20 5 5 7 N
Typed or printed name of signee	<u> </u>
	eg ca
Page 3 of 3	3.13

Filing Fee: \$25.00