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COVER LETTER

	Registration Division of C			
end nez	~~~	Shift, LLC		
SUBJEC		Name of Lin	nited Liability Company	
The encl	osed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all corres	spondence concerning this matter	to the following:	
		Russell Mahan		
		Vertical-Shift, LLC	Name of Person	
		6615 Orchid Ave	Firm/Company	
		Cocoa, FL 32927	Address	
		russ@vertical-shift.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report not	ification)
For furth	er information	n concerning this matter, please c	all:	
Russell I			407 590-9508 at ()	
	Nam	e of Person	Area Code Daytin	ne Telephone Number
Enclosed	l is a check for	r the following amount:		
■ \$25.0	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:

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vertical-Shift, LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability C Florida document number L19000201401	Company were filed on August 7th 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	RESS)	
•		SE.
		-
Enter new mailing address, if applicable:		()
Mailing address MAY BE A POST OFFICE BOX)		2
Mauing dadress MAT BE A FOST OF FICE BOX		· 51
		C
3. If amending the registered agent and/or registered agent and/or the new registered office addr	· —	iter the name of the i
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	a
	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> Russell Mahan	Address 6615 Orchid Ave, Cocoa FL 32927	Type of Action
AMBR			Add
			☐ Remove
			Change
			
			Remove
			D Add
			Remove
			☐ Change
			🗆 Remove
			Change
			Add
			Remove
			Change
		•	Add
			Remove
			□ Change

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Effective date, if other the (If an effective date is listed, the d	an the date of filing:	e prior to date of filing or more than	(optional) 90 days after filing.) Pursuant to 605.0207 (3
	this block does not meet the and the Department of State's read		rements, this date will not be listed as th
the record specifies a de) The 90th day after th		ut not an effective time, a	at 12:01 a.m. on the earlier of:
Dated September 13.	2019		

Typed or printed name of signee