L1400009618

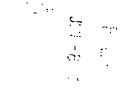
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 18, 2018

MARIA FANTI 8724 SUNSET DR, #171 MIAMI, FL 33173-3512

SUBJECT: 45 SW 9TH STREET UNIT 1909 LLC

Ref. Number: L14000009618

We have received your document for 45 SW 9TH STREET UNIT 1909 LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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

Letter Number: 618A00010427

Octavia L Simmons Regulatory Specialist III

www.sunbiz.org

COVER LETTER

| | Registration Se Division of Cor | | | | | | | |
|----------------|---|---|---|--|--|--|--|--|
| čijo jez | 45 SW 9TH STREET UNIT 1909 LLC | | | | | | | |
| SUBJEC | . I: | Name of Limited Liability Company | | | | | | |
| The encl | osed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | | | |
| Please re | eturn all correspo | indence concerning this matter | to the following: | | | | | |
| | | Maria Fanti | | | | | | |
| | | | Name of Person | ·· - | | | | |
| | | Uplevel Managment LLC | | | | | | |
| Firm Comp | | | Firm Company | | | | | |
| | Firm Company 8724 Sunset Drive #171 Address | | | | | | | |
| | | | Address | | | | | |
| | | Miami, FL 33173-3512 | | | | | | |
| | | | City/State and Zip Code | | | | | |
| | | UplevelManagment@Gmail.com | | | | | | |
| | | E-mail address: (| to be used for future annual report notif | ication) | | | | |
| For furth | ner information c | oncerning this matter, please c | all: | | | | | |
| Dirk Loi | Aurther information concerning this matter, please call: Lorenzen, Esq. 305 447 1203 | | | | | | | |
| | Name o | l'Person | at () Area Code Daytime | Telephone Number | | | | |
| Enclosed | Lis a check for th | he following amount: | | | | | | |
| ⊟ \$25. | 00) Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy cadditional copy is enclosed: | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) | | | | |
| | MAH | INC: ADDRESS: | STREET/COURT | FR ADDRESS: | | | | |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Florida document number L14000009618 This amendment is submitted to amend the following: | nd assigned |
|--|-------------|
| Florida document number L14000009618 This amendment is submitted to amend the following: | nd assigned |
| This amendment is submitted to amend the following: | |
| | |
| A. If amending name, enter the new name of the limited liability company here: | 三二 |
| he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation | φι."L.L.C:" |
| Enter new principal offices address, if applicable: Uplevel Managment LLC | <u>-0</u> |
| Principal office address MUST BE A STREET ADDRESS) 8724 Sunset Drive # 171 | <u>_</u> |
| Miami, FL 33173-3512 | . ~ |
| € ⊅ | |
| Enter new mailing address, if applicable: Uplevel Managment LLC | |
| Mailing address MAY BE A POST OFFICE BOX) 8724 Sunset Drive # 171 | |
| Miami, FL 33173-3512 | |

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> | <u>Address</u> | Type of Action |
|--------------|--------------------|----------------|--------------------|
| MGR | Van Grieken, Maria | | Add |
| | | <u> </u> | ■ Remove |
| | | | ☐ Change |
| MGR | Fanti, Maria | | Adđ |
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| active date if other than the date | of filing: | | (antional) | |
| ective date, if other than the date effective date is listed, the date must be sp | cific and cannot be prior to | date of filing or more than | 90 days after filing.) Pu | rsuant to 605. |
| e: If the date inserted in this block do ument's effective date on the Departn | | | | i not be fiste |
| | | | | |
| record specifies a delayed effe | ctive date, but not | an effective time, a | nt 12:01 a.m. on | the earlie |
| he 90th day after the record is | filed. | | | |
| May 15 | 2018 | an I | | |
| ed May 15. | | | | |
| | - 0 A. | W. Carrier | | |
| | $ \cap \mathcal{M} \mathcal{C}$ | 200 | | |
| Signa | ure of a member of author | ized representative of a me | niber | |

Page 3 of 3

Filing Fee: \$25.00