## L/4000 193633

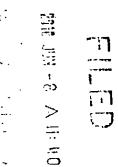
(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	y/State/Zip/Phone	e #)
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:		
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

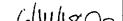
Office Use Only



000313349560

05/17/18--01019--023 ★★325.00





## **COVER LETTER**

TO: Registration Se Division of Cor						
7280 SW 8	9TH ST UNIT D202 LLC					
SUBJECT:	91H ST UNIT D202 LLC Name of Lim	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:				
	Maria Fanti					
		Name of Person		-		
	Uplevel Managment LLC					
		Firm/Company		- ,	~ n 	
	8724 Sunset Drive #171				د نعد	٠
		Address		-	ا د	1
	Miami, FL 33173-3512			·.	-2° > ⊞:	:
		City/State and Zip Code		<del>-</del> ,		
	UplevelManagment@Gmai	Leom to be used for future annual report	notification)		ä	
For further information c	concerning this matter, please of		,			
Dirk Lorenzen, Esq.	,	305 447 120	3			
Name o	of Person	at () Area Code Da	ytime Telephone Numbe	T	<del>-</del>	
Enclosed is a check for t	K. F.H. ming appoint					
B \$25.00 Filing Fee	\$30.00 Filing Fee &	□ \$55.00 Filing Fee &	<b>□</b> \$60,00 F	iling Fe	ec.	
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certific: Certified	ate of S J Copy	Status &	
	ANG ADDRESS: ration Section	STREET/CO Registration S	URIER ADDRESS:			
Divisio	on of Corporations Sox 6327	Division of Ce Clifton Buildii	aporations			
	assee, FL 32314		e Center Circle			

Tallahassee, FL 32301



May 18, 2018

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

SUBJECT: 7280 SW 89TH ST UNIT D202 LLC

Ref. Number: L14000193633

We have received your document for 7280 SW 89TH ST UNIT D202 LLC and your check(s) totaling \$325.00. 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.

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.

Dionne M Scott Regulatory Specialist II

Letter Number: 618A00010436



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	City	Zip Code				
	, Florida					
New registers (Affect Address).	Enter Florida street address					
New Registered Office Address:						
Name of New Registered Agent:		<del></del>				
		. <del></del> .5				
registered agent and/or the new registered office address her	<u>e</u> :					
B. If amending the registered agent and/or registered of		er the name of the ne				
	Miami, FL 33173-3512					
(Mailing address MAY BE A POST OFFICE BOX)	8724 Sunset Drive # 171	٠ - آ				
Enter new mailing address, if applicable:	Uplevel Managment LLC	. ~				
	Miami, FL 33173-3512					
(Principal office address MUST BE A STREET ADDRESS)	8724 Sunset Drive # 171					
Enter new principal offices address, if applicable:	Uplevel Managment LLC					
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."				
A. If amending name, enter the new name of the limited liab	ility company here:					
This amendment is submitted to amend the following:						
Florida document number £14000193633						
The Articles of Organization for this Limited Liability Company	and assigned					
	a 12/22/2014	4				
(Name of the Limited Liability Compa (A Florida Limited I	inv as it now appears on our records.) Liability Company)					
7280 SW 89TH ST UNIT D202 LLC		<del></del>				

## 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
			■ Remove
			□ Change
MGR	Fanti, Muria		Add
			🖸 Remove
			Change
			☐ Remove
			☐ Ghange
			Add
			Remove
		<u></u>	Change
			.5 □ Add
			□ Remove
<del></del>		<u> </u>	Add
			□ Remove
			☐ Change

		<del></del>	. <u></u>	<del></del>		-		
	<u></u> _	<del></del>				·	<del></del>	<del></del>
								<del></del>
	<del></del>				-		•	
	- · · · · · · · · · · · · · · · · · · ·							
				<u>.                                    </u>		<del></del> -		<del></del>
	<u> </u>						- <u>3</u> .	
				<del> </del>		<del>,</del> ,	<u></u>	—
							٠ <u>ـــ</u>	
							1	;
							ر∼	
				_			<u> </u>	
						-		-
fective date, if other than the	date of filin	g:			(o <sub>l</sub>	otional)	<u>.</u>	
on effective date is listed, the date munite: If the date inserted in this bicument's effective date on the Discrete control specifies a delayer	ock does not r epartment of S	neet the appl State's record	licable statu ls.	tory filing red	quirements.	this date v	vill not be	e listed a
The 90th day after the rec	ord is filed.	,,			•		-	
ited May 15.		, 2018						
		11 'K						

Page 3 of 3

Filing Fee: \$25.00