118000003555

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3. PRATHER

COVER LETTER

Division of Corpo	rations ,		
SUBJECT: TAKE	E OFF NOV	V LLC	
	Name of Limi	ited Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	_		
	Philipp	Brekenkamp	
		Name of Person	
	TAKE O	FF NOW LLC	
		Firm/Company	
	319 Fra	Address	Dr., # 7206
		Address	
	Delray B	each, FL 33 City/State and Zip Code 1000 Dem X. Con	483
		City/State and Zip Code	
	takeoffr	now@gmx.com	7
	E-mail address: (t	to be used for future annual report notifi	cation)
For further information con	cerning this matter, please ca	all:	
Philipp Bre	Kenkamp	at (<u>561)</u> 251 - Area Code Daytime	4030
Name of P	erson	Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
S25.00 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

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2601 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Compa (A Florida Limited)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 18000003555</u>	were filed on 01/04/2018 % and assegned 5
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab THE LEVEL UP AGE The new name must be distinguishable and contain the words "Limited Liabi	
The new name must be distinguishable and contain the words "Limited Liabi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	lity Company," the designation "L.L.C." 203 Franklin Club Dr., #5207 Delray Beach, FL 33483
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	203 Franklin Club Dr., #5207 Delray Beach, FL 33483
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	
Name of New Registered Agent: New Registered Office Address: Delra V	Enter Florida street address Beach City Florida 7 Florida 7 Jip Code
Scray	City , Florida 33 703

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, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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10/			☐ Remove
			Change
			☐ Remove
		 -	
			Add
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document's e	ffective date on th	he Department of S	State's records.				
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Dated	7/24/20	V8				υ· 🔀	
		. 8	?		 -	2018 S SECIF TAL	
		Signature of a	member or author	ized representative o	f a member	SEP :	
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