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(Re	questor's Name)	
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SEP 11 COM S. PRATHER

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: 7 LE	VELS UP LLC		
	Name of Lan	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:	
		Marbel Rodriguez	
		Name of Person	
		7 Levels Up, LLC	
		Firm/Company	
		2501 NE 17TH TERRACE	
		Address	
	,	WILTON MANORS, FL 33305	
		City State and Zip Code	
		arbelousfitworld@gmail.com	
		to be used for future annual report notif	(Carlon)
For further information c	concerning this matter, please c	all:	
Marbe	l Rodriguez	at (<u>561</u>) <u>201-43</u>	
Name c	of Person	Area Code Daytime	: Lefephane Number
Enclosed is a check for t	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)
Regist Divisio	ING ADDRESS: ration Section on of Corporations	STREET/COURI Registration Section Division of Corpor	n
	ox 6327 assee, FL 32314	Clifton Building 2661 Executive Ce Tallahassee, FL 32	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

7 LEVELS UP LLC	
(Name of the Limited Liability Company as it now appears on our r (A Florida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company were filed on01/18 Florida document numberL18000016408	8/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)	
B. If amending the registered agent and/or registered office address on our re registered agent and/or the new registered office address here:	cords, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street o	adáress

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.

City

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>	Address	Type of Action
MGR	_MARABEL_RODRIGUEZ		□ Add
		2501 NE 17TH TERRACE WILTON MANORS, FL 33305	⊠ Remove
			☐ Change
MGR	Marbel Rodriguez	2501 NE 17TH TERRACE WILTON MANORS, FL 33305	⊠ Add
			□ Remove
			□ Change
			☐ Remove
		<u> </u>	Change
			
			☐ Remove
			Change
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	he date of filing:	orior to date of tiling or more	(optional)	Pursuant to 605.
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Filing Fee: \$25.00