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(Re	equestor's Name)	
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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COVER LETTER

TO: Registration So Division of Cor				
	kt Level Up, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
	Amendment and fee(s) are sub			
	James R. Meyer			
		Name of Person		
	Meyer Law Group, LLC			
		Firm/Company		
	Post Office Box 2900			
		Address		
	Lakeland. FL 33806-290	00		
	jrm@meyerlaw.us	City/State and Zip Code		
	E-mail address: (to be used for future annual i	report notification	on)
For further information of	concerning this matter, please co	all:		
James Meyer			7-0526	
Name o	of Person	Area Code	Daytime Tele	phone 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 enci		□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
MAIL	ING ADDRESS:	STREET	COURIER A	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

The Next Level Up, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L18000159484	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	3825 South Florida Avenue	÷.,
(Principal office address MUST BE A STREET ADDRESS)	Lakeland, Florida 33813	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of	ffice address on our records, enter	AUG -2 PMI2: 13 of the name
registered agent and/or the new registered office address here		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	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 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
AMBR Sarah Case		3825 South Florida Avenue, Su	Add
			Remove
		n/	Change
AMBR	James R. Meyer	625 Commerce Drive, Suite 30:	Add
			■ Remove
			Chunge
			Add
			□ Remove
			Change
			Add
			Remove
			Change
			□ Remove
			Change
			☐ Remove
			Change

			
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		PH 12:	43.05 41.05 11.05
			(110N)
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E. Effective date, if other than	August 1, 2018 the date of filing:	(optional)	
Note: If the date inserted in thi	must be specific and cannot be prior to date of filing or more is block does not meet the applicable statutory filing real Department of State's records.	than 90 days after filing.) Pursuant to 605.0 equirements, this date will not be listed	0207 (3)(1 I as the
If the record specifies a dela (b) The 90th day after the	yed effective date, but not an effective time record is filed.	e, at 12:01 a.m. on the earlier	r of:
July 31 Dated	2018		
Janes - Jan	- Rilly		
	Signature of a member or authorized representative of a	ı member	
James R. Meyer			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00