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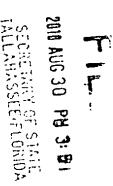
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COVER LETTER

Division of Corporations The Next Level Up, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Name of Person Firm/Company Address City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) MAILING ADDRESS: STREET/COURIER ADDRESS: Registration Section

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

TO:

Registration Section

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</u>) (A	iability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabs Florida document numberL18000159484	and assigned	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the	e abbreviation H.J.
Enter new principal offices address, if applicable	e:	222 2
(Principal office address MUST BE A STREET A	ADDRESS)	<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:		er the name of the nev
	Enter Florida street address	
-	, Florida	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, <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
MGR	Lyndsey Ladewig	3825 South Florida Avenue, Suite 4, Lakeland, FL 33813	
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Effective date if oth	ar than the date	of filing	August 27,			(option	aD)	
Effective date, if oth (If an effective date is listed Note: If the date inser document's effective d	ted in this block d	oes not mee	et the applica	able statutor	ng or more than y filing requi	90 days after fil rements, this d	ing.) Pursuant to ate will not be	605.0207 listed as
the record specifies) The 90th day aft			e, but no	t an effec	tive time, a	at 12:01 a.r	n. on the e	arlier of
September 2	7		2018					
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Page 3 of 3

Typed or printed name of signec

Filing Fee: \$25.00