118000/82979

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



000316464660

08/08/18--01025--012 **60.00

FILED

SECRETABLE PROBLEM

SECRETABLE PROBLEM

FILED

O 10 CINS

COVER LETTER

TO: Registration Sec Division of Corp	tion orations		
SUBJECT: <u>Leve</u>	1 Up Shine & Name of Limi	Co. LLC ted Liability Company	
The enclosed Articles of A	amendment and fee(s) are subr	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	· -
•	Alicia W.lk.	Name of Person	
		Shine & Go, LCO	<u></u>
	605Z EV	Address	
	Zephych	Ils Florida 33 City/State and Zip Code	54/
	E-mail address: (t	1K.wsow87 @ yaho	o · com
For further information co	oncerning this matter, please ca	ıll:	
Micia Wilkin Name of	Person	at (8/3) 76.7 Area Code Daytime	- 1996 Telephone Number
Enclosed is a check for th	e following amount:		,
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 5 Status & Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Level Up Shine	8 Go, LLC
(Name of the Limited Liabi	lity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>と1800の)を2タフタ</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	mited liability company here:
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	ORESS)
	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	gistered office address on our records, enter the name of the new ldress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida Zip Code
at D. C. Line O. C. Lancing Designation	•

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>	Name	Address	Type of Action
MGR	Alicia Wilkinson - Dicken	15 6052 Evansbrook Brive	🖾 Add
		Zephyrhills, FL 33541	Remove
			Change
			Remove
			Change
		<u> </u>	□ Add
	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Remove	
		FLORIDA PLORIDA	Remove Remove Change
			Remove
			☐ Change
			Remove
			Change
			Add
			□ Remove

					
				<u> </u>	
				,, -	
				-	
				<u>.</u>	
			- ·- · ·		
	<u> </u>		 .	_	
					<u> </u>
					一方面
		<u> </u>	· · · · · · · · · · · · · · · · · · ·		THE P
					
				· • •	3: 5: CRID
.					
ective date, if of	ther than the date	of filing:7	131/16	(op	tional)
i effective date is lis te: If the date ins	serted in this block do	eeme and cannot be pro bes not meet the appl	icable statutory tilir	ig requirements, th	er filing.) Pursuant to 605.0 his date will not be listed
cument's effective	date on the Departm	ient of State's record	S.		
					kt
record specific the 90th day a	es a delayed effe after the record is	ctive date, but n s filed.	ot an effective	time, at 12:01	a.m. on the earlie
116 300 30, 0					
ted					
			<u> </u>		
	Wayn	ture of a member or au		The second second	<u></u>

Page 3 of 3

Filing Fee: \$25.00