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AMOND MAME

OCT 15 2019

OCT 15 TOTAL I ALBRITTON

COVER LETTER

	tion Section of Corporations	
SUBJECT: /	1r. Sandrian LLC.	
	Name of Limited Liability Company	
The enclosed Arti	cles of Amendment and fee(s) are submitted for filing.	
Please return all c	prespondence concerning this matter to the following:	
	Trevor Donald Sand	
	Name of Person	
	Firm/Company	
	10037 86 th Way N	
	Address	
	Seminale, FL 33777	
	City/State and Zip Code	
	1 Sandman 10 a anail com	
	E-mail address: (to be used for future annual report notification)	
For further inform	ation concerning this matter, please call:	
Triver	Pane of Person Area Code Daytime Telephone Number	
	Name of Person Area Code Daytime Telephone Number	
Enclosed is a chec	k for the following amount:	
□ \$25.00 Filing	Fee \$\infty\$\$ \$30.00 Filing Fee & \$\sigma\$\$ \$55.00 Filing Fee & \$\sigma\$\$ \$60.00 Filing Fee. Certificate of Status \$\sigma\$\$ Certified Copy (additional copy is enclosed) \$\sigma\$\$ 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

MR. SAND	MAN LLC			
(Name of the Limited Limitity Compa (A Florida Limited)	ny as it now appears o lability Company)	on our records.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L18000168547</u> .	were filed on O	3/07/2018 and as	signed	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here	<u>t</u> :		D
Level Up Contracting LLC				
The new name must be distinguishable and contain the words "Limited Liabil	iry Company," the desi	gnation "LLC" or the abbreviation "I.	_L.C."	
Enter new principal offices address, if applicable:	10037	36th Way N		
(Principal office address MUST BE A STREET ADDRESS)	Schinde	1,46 39111	 -	3/2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				S. O.
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>enter the name</u>	of the new	
Name of New Registered Agent:		.	 	
New Registered Office Address:				
	Enter Floride	a street address	<u> </u>	
		, Florida		
	City	Zıp 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

Page 1 of 3

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
<u>AMB</u> R	Kurt Calvin Sand	12433 Julia St.	⊠ -∧dd
_		Seminale, FL 33772	□ Remove
			🖸 Change
			🗆 Add
			□ Remove
			Change
			Add
			🗆 Remove
			□ Change
			D Add
			□ Remove
			Change
			🖸 Add
			Remove
			Change
			🗀 Add
			C Remove
			Change

. :	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
If an e	tive date, if other than the date of filing: (optional) ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
he re Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
Date	d
	The Al
	Signature of a member or authorized representative of a member
	Total Condition
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00