

SEP 1 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: UP DOWN ELEVATORS LLC

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:

RONEL LOUIS

Name of Person

Firm/Company

4411 BEE RIDGE RD #287

Address

SARASOTA, FL 34233

City/State and Zip Code

RON@@UPDOWNELEVATORS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NICHOLAS J BORIS, CPA

941

260-9068

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

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

FILED

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 2318 SEP-9

08/19/2019 TAYLOR, GARY
TRELAHASSEE, FLORIDA

A. If amending name, enter the new name of the limited liability company here:

4411 BEE RIDGE RD #287

SARASOTA, FL 34233

4411 BEE RIDGE RD #287

SARASOTA, FL 34233

Enter Florida street address

Florida

618

Zip Code

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>	<u>Address</u>	<u>Type of Action</u>
MGR	FBONY LOUIS	5615 AARON CT SARASOTA, FL 34232	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RONEL LOUIS	4411 BEE RIDGE RD #287 SARASOTA, FL 34233	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BRIAN BEECHER	4411 BEE RIDGE RD #287 SARASOTA, FL 34233	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated X SEPTEMBER 5, 2019

✓  _____ Sig

Signature of a member or authorized representative of a member

RONEL LOUIS

Typed or printed name of signee