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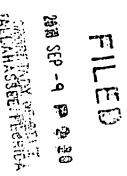
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

ТО:	Registration Sec Division of Corp			
478787 8		ELEVATORS LLC		
SOR	ECT:		ited Liability Company	·····
The e	nclused Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		RONEL LOUIS		
			Name of Person	
			Firm/Company	
		4411 BEE RIDGE RD #28	37	
			Address	
		SARASOTA, FL 34233		
		RON@UPDOWNELEVAT	City/State and Zip Code FORS.COM	
		E-mail address: (	to be used for future annual report notif	ication)
For fu	rther information co	oncerning this matter, please co	alt:	
NICH	IOLAS J BORIS, C		941 260-9068 at () Daytime	
	Name of	Person	Area Code Daytimo	: Telephone Number
Enclo	sed is a check for th	e following amount:		
<b>⋻</b> 53	25.04 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$57.00 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

## UP DOWN ELEVATORS LLC

company has been notified in writing of this change.

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

The Articles of Organization for this Limited Liability Company	were filed on 08/19/2019 TARY GREET Band assigned			
Florida document number L19000210945	WEDAM			
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 comain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	4411 BEE RIDGE RD #287			
(Principal office address MUST BE A STREET ADDRESS)	SARASOTA, FL 34233			
Enter new mailing address, if applicable:	4411 BEE RIDGE RD #287			
(Mailing address MAY BE A POST OFFICE BOX)	SARASOTA, FL 34233			
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her				
Name of New Registered Agent:				
New Registered Office Address:	Enter Florula street address			
	Florida			
	, Florida City Zip Code			
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	performance of my duties, and I am familiar with and			

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability

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>	Type of Action
MGR	FBONY LOUIS	5615 AARON CT SARASOTA, FL 34232	
			<b>≅</b> Remove
			Change
AMBR	RONEL LOUIS	4411 BEE RIDGE RD #287 SARASOTA, FL 34233	<b>■</b> Add
			☐ Remove
			☐ Change
AMBR	BRIAN BEECHER	4411 BEE RIDGE RD #287 SARASOTA, FL 34233	Add
			□ Remove
			Change
		. <u> </u>	Remove
		<u></u>	Change
			☐ Remove
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<u>te:</u> II	I the date in	serted in this	he date of fili nust be specific a block does no Department o	t meet the app	licable statutory	g or more than 90 o filing requirem	_ (optional) lays after filmg.) F ents, this date w	ursuant to 605 020 III not be listed a
			ed effective ecord is file		not an effect	ive time, at I	2:01 a.m. or	n the earlier c
ed <u>X</u>	( SET	PTEMB	SR 5	. 201	<u> </u>	tative of a membe		
	V V~	~ <i>X</i>	ì					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00