120000389357

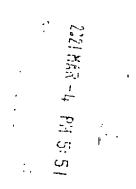
(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



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O SIMMONS APR 27 2021

COVER LETTER

	ristration Section ision of Corporations			•						
SUBJECT:	Upbeet Miami, LLC									
Name of Limited Liability Company										
Dear Sir or	Madam:									
The enclose	d Registered Agent/Registered O	ffice Cha	nge ar	nd fee(s) are submitted for filing.						
Please retur	n all correspondence concerning t	his matte	er to th	e following:						
Janelle Bigel	man _									
	Name of Person									
Upbeet Miar	ni, LLC									
	Firm/Company									
12211 PINE	NEEDLE LN									
	Address									
MIAMI, FL	33156-5724									
	City/State and Zip Code									
jabigelman@	gmail.com	ŧ								
E-mai	l address: (to be used for future ar	nual rep	ort no	ification)						
For further	information concerning this matte	r, please	call:							
Ms. Janelle I	Bigelman	at (786	281-3616						
	Name of Person			Area Code & Daytime Telephone Number						
Ma	iling Address:			Street Address:						
	gistration Section			Registration Section						
	vision of Corporations			Division of Corporations						
). Box 6327			The Centre of Tallahassee						
Tal	lahassee, FL 32314			2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						
Enc	closed is a check for the following	ıg amour	nt:							
= 5	\$25 Filing Fee			\$55 Filing Fee & Certified Copy						

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	me of the limited liability company: Upbeet Miami, LLC	; 			<u>-</u>								
				Ή										
~. (•,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)									
		1137 S SOUTHLAKE DRIVE			1137 S SC	OUTHI.	AKE DR	IVE						
		HOLLYWOOD, FL 33019	-]	HOLLYW	/OOD,	FL 33029)		•				
		12/14/20		1.3	200003893	357								
3.		Date of filing/registration in Florida	4.	_	•	Docu	ment nur	nber						
5. (a)													
`	ĺ	Registered Agent and Registered Office shown on the records of the	ered Agent and Registered Office shown on the records of the Florida Dept. of State:						~					
		Michael Browarnik			;		223							
		Registered Office Address (MUST BE FLORIDA STREET AD	ADDRESS)							321 HAR				
		1137 S SOUTHLAKE DRIVE						,		4- 1				
		HOLLYWOOD , FL 3:	3019			_				+ PH				
		Janalla Riculman				_				ñ <u>i</u> π				
(b) Janelle Bigelman Enter name of NEW Registered Agent and/or NEW Registered Office address:						_		(*)	:	5				
		rate have of New Registered Agent allufor New Registered O	nice ac	<u>uur</u>	<u>rss</u> .									
		NEW Registered Office Address:												
		12211 PINE NEEDLE LN		_										
		MIAMI FL 33	3156-5	724	1	_								
chan agen was/	ge t w we	mited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liability reauthorized by an affirmative vote of the members of the cles of organization or the operating agreement of the limited liability.	gistere lity co the lim nited l	ed om nite lial	office and pany, it is ed liability pility com	d the b s hereby y comp npany.	ousiness o by confir pany or a	office o med that is other	of that the wis	ne regi he cha	stered nge(s)			
<u>Y</u>			X		<u> IANELL</u>									
	مريب	ure of a member or authorized representative of a member			.1 :		d or typed							
provi the o to me	isu bli gre	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe gations of my position as registered agent as provided fo ly reflect a change in the registered office address, I her I in writing of this change.	to act rforme or in C eby ce	t in and Cho onf	this cape ce of my e apter 605 irm that i	acity. duties, , F.S. the lim	l further and I an Or, if thi ited liab	agree t 1 famili is docui ility coi	to c ar me mp	comply with a nt is b any ho	with the nd accept eing filed as been			
X .														
Signo	ılur	e of Registered Agent												