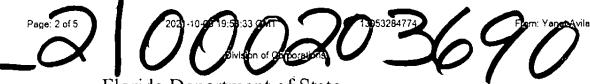
10/6/21, 3:39 PM



Florida Department of State Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000374639 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994 Fax Number : (305)444-4977

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			 	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 4524 SOUTH TAMPA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

From: Yanet Avila

Page: 3 of 5

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4	4524 South Tam	ipa, LLC				
(Same of the Limited Lia (A Fig.	ability Compan orida Limited Li	v as it now appear ability Company)	rs on our records.)			
The Articles of Organization for this Limited Liabilit	ty Company v	vere filed on	May 10, 2021	and ass	igned	
Florida document number L21000203690	·					
This amendment is submitted to amend the following	g:					
A. If amending name, enter the new name of the	limited liabil	ity company he	ere:			
The new name must be distinguishable and contain the words "	Limited Liabilit	ty Company," the d	esignation "LLC" or the ab	breviation "L.)	IC."	_
Enter new principal offices address, if applicable:						_
(Principal office address MUST BE A STREET AD	ODRESS)					_
						
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)	2					
						_
B. If amending the registered agent and/or registe agent and/or the new registered office address her		ddress on our r	ecords, <u>enter the nam</u>	e of the nev	v regis	tered
Name of New Registered Agent:				g. G		
No. Books and Office Address				<u>*</u> 57	202	
New Registered Office Address:		Enter Flo	rida street oddress		20	_
-				<u>i.</u>		
		City		Zp Code	~	
New Registered Agent's Signature, if changing Regist				700	3	0
I hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this chan	nd complete p ed agent as p stered office o	performance of rovided for in (f my duties, and Lam j Chapter 605, F.S. Or,	familliaFiwit if this docu	k a nd i ne nt	'

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

Page: 4 of 5

<u>Title</u>	Name	Address	Type of Action
AMBR	Off Limit Investments, LLC	601 93rd Ave N.	⊠Add
		St. Petersburg, FL 33702	□Remove
			☐ Change
AMBR	Level Up Holdings, LLC	601 93rd Ave N.	
		St. Petersburg, FL 33702	⊠Remove
			□ Change
			□AdJ
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			Remove
			C)Change
			□Add
			□Remove
			□ Change

13053284774

D. If amending any other information, enter change(s) here: (Auach additional sheets, if necessary.)