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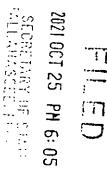
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## **COVER LETTER**

Registration Section

Division of Corporations

TO:

## Level Up Consultants, LLC SUBJECT: 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: Lori A. Mosby Name of Person Level Up Consultants, LLC Firm/Company 824 Lake Ave 395 Address Lake Worth/Florida 33460 City/State and Zip Code Iknowvations@pm.me E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 561 574-8381 Lori A. Mosby Daytime Telephone Number Area Code Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee, ■ \$25.00 Filing Fee 뜄 \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Street Address: **Mailing Address:** Registration Section Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.Q. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 OCT 25 PM 6: 05

Level Up Consultants., LLC		000000110110000000000000000000000000000		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	TALLAHASSEE, FL		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab Iknowyations, LLC	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."		
Catanana mineral offices address if applicables	824 Lake Ave 395			
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	Lake Worth, FL 33460			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter th</u>	ne name of the new registered		
Name of New Registered Agent:				
N D 1 1000 NH				
New Registered Office Address:	Enter Florida street address			
	, Florida			
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:	1			
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 being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F.	l I am familiar with and S. Or, if this document is		

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>	Address	Type of Action
			□Remove
			Change
			Remove
			Change
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effective date is lis	ted, the date must be sp	necific and cannot be	prior to date of filir	ig or more than 90 d	ays after filing.) Pursu	ant to 605.020
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