

L21000283964

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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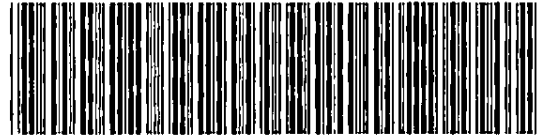
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

BRUCE

AUG 17 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Uplift Investments 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:

Odny Pierre
Name of Person

Uplift Investments
Firm/Company

18232 NW 27 Ave.
Address

Miami Gardens FL 33056
City/State and Zip Code

Upliftinvest12@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Odny Pierre at (305) 244-2640
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL

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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>
AMBR	Odny Pierre	18232 NW 27 Ave	<input checked="" type="checkbox"/> Add
		Miami Gardens	<input type="checkbox"/> Remove
		FL 33056	<input type="checkbox"/> Change
AMBR	Alia Pierre	18232 NW 27 Ave	<input checked="" type="checkbox"/> Add
		Miami Gardens	<input type="checkbox"/> Remove
		FL 33056	<input type="checkbox"/> Change
AMBR	Odley Pierre	18232 NW 27 Ave	<input checked="" type="checkbox"/> Add
		Miami Gardens	<input type="checkbox"/> Remove
		FL 33056	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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8/2/21

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 8/2, 2021.

Signature of a member or authorized representative of a member

Odun Pierre
Typed or printed name of signee

Filing Fee: \$25.00