

L21 000 363867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

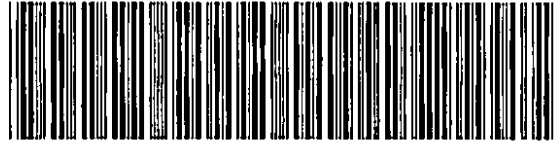
(Business Entity Name)

(Document Number)

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09/16/2021  
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2021 SEP -7 PM 7:57  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Upzel Realty 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:

Elizabeth Dowell  
Name of Person

\_\_\_\_\_  
Firm/Company

364 Reider Ave,  
Address

Longwood, FL 32750  
City/State and Zip Code

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

For further information concerning this matter, please call:

Elizabeth Dowell at (407) 430.2529  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 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 Address:**

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

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Upzel Realty LLC.  
(Name of the Limited Liability Company as it no

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

~~SECRETARY OF STATE~~  
~~TALLAHASSEE, FLORIDA~~

The Articles of Organization for this Limited Liability Company were filed on 8/13/2021 and assigned Florida document number 221000363867

**A. If amending name, enter the new name of the limited liability company here:**

364 Meider Ave

Longwood, FL 32750

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

**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>	<u>Address</u>	<u>Type of Action</u>
MGR	Maria Luba	425 Forest Lake Dr.	<input type="checkbox"/> Add
		Altamonte Springs FL	<input checked="" type="checkbox"/> Remove
		32750	<input type="checkbox"/> Change
Cons	Julio Velazquez	1182 pine top trl	<input type="checkbox"/> Add
		Davenport, FL 33897	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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

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Effective date, if other than the date of filing: ASAP. thank (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**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.

the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the cord is filed.

Dated Sept 1<sup>st</sup> 2021

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Elizabeth Dowell  
Typed or printed name of signee