

172000145270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

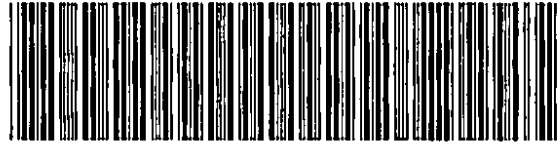
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300385962083

LLC amend

05/02/22--01002--017 **35.00

FILED
2022 MAY -2 PM 1:05
STATE OF ARIZONA
COUNTY OF PIMA

A. RAMSEY

JUN - 1 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LIFTING OTHERS 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:

MARITZA I COLLAZO

Name of Person

MASTER TAX SERVICE INC

Firm/Company

3846 CURRY FORD RD

Address

ORLANDO FL 32806

City/State and Zip Code

INFO@MASTERTAXSERVICE INC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARITZA I COLLAZO

at (407) 896-7113

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2022 MAY -2 PM 1:05

LIFTING OTHERS LLC

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

The Articles of Organization for this Limited Liability Company were filed on 03/24/2022 and assigned
Florida document number L22000145270

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

JULIO L OSELLA

2431 ALOMA AVE

WINTER PARK, FLORIDA 32792

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

JULIO L OSELLA

New Registered Office Address:

2431 ALOMA AVE

Enter Florida street address

WINTER PARK

City

Florida 32792

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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	LUIS A DUENAS	2431 ALOMA AVE	<input type="checkbox"/> Add
		WINTER PARK, FLORIDA 32792	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JULIO LOSELLA	2431 ALOMA AVE	<input checked="" type="checkbox"/> Add
		WINTER PARK, FLORIDA 32792	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

If 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 record is filed.

Signature of a member or authorized representative of a member

MGR /REGISTER AGENT

Julio L Osella

Typed or printed name of signee

Filing Fee: \$25.00