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(F	Requestor's Name)	
——————————————————————————————————————	Address)	
(A	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	<u></u>
	Ocument Number)	
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LEVEL UP L	Name of Limited Liability Company
The enclosed Articles of Amendment and	d fee(s) are submitted for filing.
Please return all correspondence concern	ing this matter to the following:
	Asia Camille Irvin
	Firm/Company
15	544 Merry Oaks Ct
Ta	Mahass el FL 32303 City/State and Zip Code
<u>i Y</u>	TOO Level up an cial net E-mail address: (to be used for future annual report notification)
For further information concerning this n	natter, please call:
Asia Irvin	at (229) 304-5191
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following am	ount:
S25.00 Filing Fee ☐ S30.00 File Certification	iling Fee & S55.00 Filing Fee & S60.00 Filing Fee, ate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Compa (A Florida Limited L	e Solutions LLC 15 2 T ny as it now appears on our records.) 7 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
The Articles of Organization for this Limited Liability Company Florida document number <u>L230002710239</u>	
This amendment is submitted to amend the following:	m 📟
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable:	1150 NW 72 Ave Tower STE
(Principal office address MUST BE A STREET ADDRESS)	455 +11683 Miami, FB3124 U.S.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1544 Merry Oaks Ct Tallahassee, FL 32303
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
The Mitegistered Cities Pitabless.	Enter Florida street address
	, Florida
N. D. Maria and A. C. C. C. C. D. Carrell Assessed	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.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
AMBR	Asia C. Irvin	1150 NW 72nd Ave Tower	tt Add
-		STE 455 #11683	□ Remove
		Miami, FL 33126	Change
-			□ Add
			□ Remove
			Change
			🗆 Add
			□Remove
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			Change
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. 11 4111	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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•	
(If an ef Note:	tive date, if other than the date of filing:
the reco cord is f	rd 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 iled.
Dated	June 29, 2023.
	Signature of a member or authorized representative of a member
	ASIA C. Tryin Typed or printed name of signee