

L23 000 311 867

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

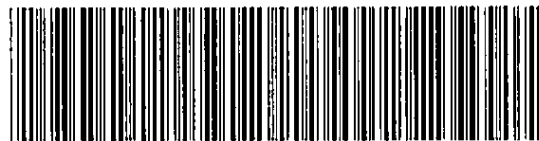
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10-17-2017 09:01:00 **30.00

2023 OCT 17 AM 8:54
SECRET
ATLANTA, GA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Level Up Marketing 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:

Jakob Rubenstein
Name of Person

Level Up Marketing LLC
Firm/Company

10161 Shephard St., Apt #12203
Address

Fort Myers, FL 33967
City/State and Zip Code

jrubenstein313@gmail.com
Email address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jakob Rubenstein at (631) 759-6740
Name of Person Area Code Daytime Telephone Number

SECRET
2023 OCT 17 AM 9:14
10/17/23

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

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2416 N. Monroe St., Tallahassee, FL 32310

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Level Up Marketing 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 06/29/23 and assigned
Florida document number L23000311867

RECEIVED
OCT 17 AM 9:54
TALLahassee, FL

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)

10161 Shephard St, Apt #12203
Fort Myers, FL 33967

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10161 Shephard St, Apt #12203
Fort Myers, FL 33967

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:

Jakob Rubenstein

New Registered Office Address:

10161 Shephard St, Apt #12203

Enter Florida street address

Fort Myers

City

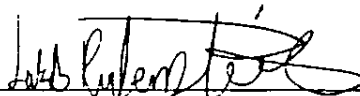
Florida

33967

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	Yves V Firestone	17167 3 oaks PKwy, Unit 1420 Fort Myers, FL 33967	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 2013 OCT 17 BY 6540
2013 OCT 17 AM 6:54

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

Multiple horizontal lines for amending information.

2023 OCT 17 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

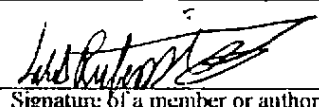
E. Effective date, if other than the date of filing: _____ (optional)

(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.

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.

Dated 10/09/23



Signature of a member or authorized representative of a member

Jakob Rubenstein

Typed or printed name of signee