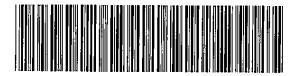
## L23000377273

(Requestor's Name)
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PICK-UP WAIT MAIL
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## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations				
	Enterprises, LLC				
SUBJECT:	Name of Lim	ited Liability Company	-		
	•				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	endence concerning this matter	to the following:			
	Marielena Viciedo				
		Name of Person			
		Firm/Company			
	7159 West 31 Avenue				* 1.9
		Address			. :
	Hialeah, FL 33018			۲.	• •
		City/State and Zip Code		· · · · · · · · · · · · · · · · · · ·	٠.;
	projectuplift77@gmail.com	to be used for future annual report notif	ioution)		
For further information c	oncerning this matter, please co	-	icanon)		VX 10: 21
Marielena Viciedo		786 5471069		mi	7
Name o	f Person		Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Contact (additional contact)	of Status &	)
Mailing Address		Street Address:	tion		
Registration 9 Division of C		Registration Sec Division of Con			
P.O. Box 632	.7	The Centre of T	allahassee		
Tallahassee, l	FL 32314	2415 N. Monroe	Street, Suite 810		

Tallahassee, FL 32303

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

(Name of the Limited Linkillity Company) of it	<del></del>
(Name of the Limited Liability Company as it now appears on our record (A Florida Limited Liability Company)	<u>as.</u> )
The Articles of Organization for this Limited Liability Company were filed on August 10, 2023	and assigned
Florida document number L23000377273	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
Project Uplift, LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Ş
	· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
Training matrices with the STOST OFFICE DOM	m J
<del></del>	
B. If amending the registered agent and/or registered office address on our records, enter agent and/or the new registered office address here:	the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street addre.	5.5
. <b>F</b> )	lorida
Cay	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>	Address	Type of Action
			□Add
			□Remove
			[] Change
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			□ Remove
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Iffective date, if other than the date of filing an effective date is listed, the date must be specific and <b>Sote:</b> If the date inserted in this block does not a locument's effective date on the Department of S	d cannot be prior inect the applica	to date of filing or able statutory fi	r more than 90 da ling requiremen	(optional) ys after filing its, this date	.) Pursua	nt to 605.020 t be listed a
record specifies a delayed effective date, but not	t an effective tir	ne. at 12:01 a.n	n. on the earlie	nof: (b) - Th	ie 90th o	day after the
is filed.						
d is filed.		<u>_</u> .				
Dated 7/26/2024 Signature of a	mber or author	rized representati	ive of a member			

Filing Fee: \$25.00