## L23000518825

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J. HORNE NOV - 8 2024

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# ILED 2024 Oct 23 PM 4: 1

## **COVER LETTER**

Division of Co	•		
SUBJECT: UPLIFT ST	TUDIOS LLC		
	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	Ü	
	Idalis Velazquez		
	<del></del>	Name of Person	
	UPLIFT STUDIOS LLC		
		Firm/Company	<del></del>
	10745 Coral Street		
		Address	
	Parkland, Florida 33076		
		City/State and Zip Code	
	velazquezlaw@yahoo.com  E-mail address: f	to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	•	
Edgar Velazquez		954 817-0856	
Name o	f Person		me Telephone Number
Enclosed is a check for the	he 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 enclose
Mailing Address		Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 632		The Centre of	•
Tallahassee, 1	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

**UPLIFT STUDIOS LLC** 

2024 OCT 23 PH 4: 11

(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 Liab	pility Company were filed on 11/16/2023	and assigned
Florida document number L23000518825		
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the work	ds "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or reg		he name of the new register
agent and/or the new registered office address	<u>here</u> :	
Name of New Registered Agent:		
New Pagistared Office Address		
New Registered Office Address:	Enter Florida street address	
New Registered Office Address:		rida

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 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>	Type of Action
MGRM	IV FITNESS LLC	10745 Coral Street	■Add
		Parkland, Florida 33076	□ Remove
			□Change
MGRM	IDALIS VELAZQUEZ	10745 Coral Street	□Add
		Parkland, Florida 33076	■ Remove
			Change
			□ Add
			□Remove
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			🗆 Add
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		<del></del>	Change
			🗀 Add
			Remove
			□ Change

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ective date, if other t	than the date of filing: (optional)	
n effective date is listed, the oter. If the date inserted it	e date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 in this block does not meet the applicable statutory filing requirements, this date will not be listed on the Department of State's records.	.0207 ed as 1
ecord specifies a delayed is filed.	d effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r the
October 17	2024	
	<i>y</i>	
/ 1/ 1		
	Signature of a member or authorized representative of a member	