L24000218566

(Requestor's Name)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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10/15/24--01014--001 **25.00

COVER LETTER

TO: Registration Sec Division of Corp				
Level UpVit	oes, LLC			
SUBJECT:	Name of Lim	uted Liability Company		
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.		
Please return all correspon	dence concerning this matter	to the following:		
	Faith Schwalback			
		Name of Person		
		Firm Company		
	5080 Post Oak Ln			
		Address		
	Naples, Fl. 34105			
	Jessica@ beverlysangels.org	City-State and Zip Code		
		to be used for future annual	report notification)	
For further information co-	ncerning this matter, please ca	all;		
Faith Schwalback			5-5334	
Name of	Person	at () Area Code	Daytime Telepho	ne 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 en		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	: __	Street A	ddress:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

)F	
Level UpVibes LLC		202600
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.24000218566		2024 ₁₀₀ 30111:57
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Level Up Vibes, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L L	C"
Enter new principal offices address, if applicable:	Faith Schwalback	
(Principal office address MUST BE A STREET ADDRESS)	5080 Post Oak Ln	
	Naples, Ft. 34105	<u> </u>
Enter new mailing address, if applicable:	Faith Schwalback	
(Mailing address MAY BE A POST OFFICE BOX)	5080 Post Oak Ln	
	Naples, Fl. 34015	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	address on our records, enter the name of the new	<u>registered</u>
	Minda.	
	, Florida	
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being 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 provided for in Chapter 605, F.S. Or, if this docum	and ient is
If Cha	nging 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
MGR	Scott Schwaback	5080 Post Oak Ln	≣Add
		Naples, Ft. 34015	©Remove
			□Change
MGR	Marisa DeVicaris	4274 Ratfia Way	□Add
		Naples, Ft. 34129	≡ Remove
			□Change
			= Add
			TRemove
			□Change
	41,24		= Add
			ERemove
			□Change
			□Add
			ERemove
			= Change
			□Add
			□ Remove
			TChange

Effective date, if other than the date of filing: (optional) If an 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 40 days after filing.) Pursuant to 605 0.207 Note: (If the date inserted in this block does not meet the applicable stantory filing requirements, this date will not be listed as decument's effective date on the Department of State's records. 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 ord is filed. Dated October 11 2024 Shapatore of a member or authorized representative of a member.						_
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Signature of a member or authorized representative of a member	If an effective date is liste Note: If the date inse document's effective e record specifies a de rd is filed.	date on the Department (of State's records.			
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Filing Fee: \$25.00