From: Diego Sampaio

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H25000024686 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : GLOBALFY BUSINESS SERVICES LLC

Account Number : I20160000033

Phone : (866)428-2030

Fax Number

: (407)308-0481

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	
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COR AMND/RESTATE/CORRECT OR O/D RESIGN LEVER UP, CORP.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu

Help



TO:

Registration Section

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

COVER LETTER

Division of Co	rporations		
LEVER U	P, CORP.		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	NICOLE A.		
		Name of Person	
	GLOBALFY BUSINESS	SERVICES, LLC	
		Firm/Company	
	7345 W SAND LAKE RD	STE 210	
		Address	
	ORLANDO, FL 32819		
		City/State and Zip Code	
	DOCS@GLOBALFY.COM		
	E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
NICOLE A.		866 428-2030	
Name o	of Person	866 428-2030 at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	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 enclosed)
Mailing Addre		Street Address:	
Registration Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of	

From: Diego Sempeio

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEVER UP, CORP.			
(Nume of the Limited (A	Liability Compa Florida Limited	ny as it now appears on o Liability Company)	nt tecords.)
The Articles of Organization for this Limited Liabi	ility Company	were filed on 10/15/20	20 and assigned
Florida document number P20000082881	·		
This amendment is submitted to amend the following	ing:		
A. If amending name, enter the new name of th	e limited liab	ility company here:	
The new name must be distinguishable and contain the word	s "Limited Liabi	lity Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		7345 W SAND LAKI	E RD
		STE 210 OFFICE 7007	
		ORLANDO, FL 328	19
Enter new mailing address, if applicable:		7345 W SAND LAKI	E RD
(Mailing address MAY BE A POST OFFICE BO	(X)	STE 210 OFFICE 70	07
		ORLANDO, FL 328	19
B. If amending the registered agent and/or regingent and/or the new registered office address had been addressed. Name of New Registered Agent:	<u>iere</u> :	address on our record	
	7345 W SAND LAKE RD STE 210		
New Registered Office Address:	7343 W 3AND	Enter Florida str	vet address
	ORLANDO		, Florida ³²⁸¹⁹
-		Cin [*]	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

To: Page: 5 of 6

2025-01-21 21.48:14 GMT

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From: Diego Sampaio

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
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
		-	□Remove
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E. Effective date, if other than the date of (If an effective date is listed, the date must be speci Note: If the date inserted in this block does document's effective date on the Department	s not meet the applicable statute	(optional) ing or more than 90 days after filing.) Pursuan ry filing requirements, this date will not	n to 605.0207 (3)(1 be listed as the
f the record specifies a delayed effective date, be secord is filed.	ut not an effective time, at 12:0	of a.m. on the earlier of: (b) The 90th d	ay after the
Dated	2024		
Dated	- Ami		
	e of a member or authorized repres	and all the second seco	

Filing Fee: \$25.00

Typed or printed name of signee