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(Requestor's Name)	
(Address)	
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COVER LETTER

	tration Sec on of Corp				
	EVYSO, L				
SUBJECT: _		Name of Limi	ted Liability Company		
The enclosed A	articles of A	amendment and fee(s) are sub-	nitted for filing.		
Please return al	I correspon	dence concerning this matter t	to the following:		
		BART HOUSTON			
		<u> </u>	Name of Person		
		THE HOUSTON FIRM, P.	Α.		
			Firm/Company		
1401 E BROWARD BLVD., SUITE 201					
			Address		
		FT. LAUDERDALE, FL 3	3301		
		BHOUSTON@THLGLAW	City/State and Zip Code .COM		
		E-mail address: (t	o be used for future annual report n	otification)	
For further info	rmation co	ncerning this matter, please ca	11:		
DEBBIE SCH	ENA		954 900-2615 at ()		
	Name of	Person	Area Code Days	ime Telephone Number	
Enclosed is a c	heck for the	e following amount:			
■ \$25.00 Fili		☐ \$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 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEVYSO, LLC		
(Name of the Limited Liability Compa (A Florida Limited I.	ny as it now appears on our records. liability Company))
The Articles of Organization for this Limited Liability Company Florida document number L15000202430	were filed on 12/3/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		100 5 - 11
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		29 PM LI 10
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, :	enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flo	rida
· · · · · · · · · · · · · · · · · · ·	City	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
MGR	MIKE LEVY	1401 E. BROWARD BLVD #201 FT. LAUDERDALE, FL 33301	⊟ Add
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			Change
			🗖 Add
			Remove
			Change
			Remove
			Change
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ffective date, if other the an effective date is listed, the lote: If the date inserted in	this block does not	meet the applicab	date of filing or more	(option than 90 days after equirements, this	filing.) Pursuant to 60	05.020° sted a:
ocument's effective date o	n the Department of	State's records.				
e record specifies a d The 90th day after t	elayed effective he record is filed	date, but not	an effective tin	ne, at 12:01 a	.m. on the earl	ier o
ated JULY 25	- 	. 2019	<u>.</u> .			
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Filing Fee: \$25.00