

L21000187198

VIA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

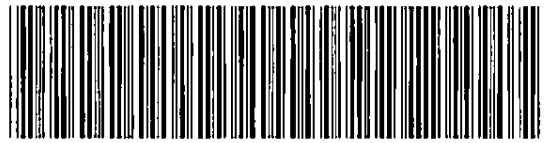
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** PERENGUEZ INVESTMENT LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Angela Padilla  
Name of Person

J&A Tax Services Solutions LLC  
Firm/Company

1634 SE 47th Street, Suite 20  
Address

Cape Coral, Florida. 33904  
City/State and Zip Code

TaxServicesSolutionsOne@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela Padilla at (239) 703-3974  
Name of Person Area Code Daytime Telephone 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 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 Address:**  
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**

PERENGUEZ INVESTMENT LLC

\_\_\_\_\_  
(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 Liability Company were filed on April 22nd, 2021 and assigned Florida document number L21000187198.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

ANOTHER LEVEL INVESTMENTS LLC

The new name must be distinguishable and contain the words "Limited Liability 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)**

	4645 SE 11th Place
	Suite #103
	Cape Coral, Fl. 33904
	4645 SE 11th Place
	Suite #103
	Cape Coral, Fl. 33904

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address:

4645 SE 11th Place, Suite # 103

*Enter Florida street address*

Cape Coral

, Florida

33904

*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**

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 2023 DEC 11 PM 2:34  
 SECRETARY OF STATE  
 TALLAHASSEE, FL.

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>	<u>Type of Action</u>
P	Luis Alejandro Perenguez	4645 SE 11th Place	<input type="checkbox"/> Add
		Suite # 103	<input type="checkbox"/> Remove
		Cape Coral, Fl. 33904	<input checked="" type="checkbox"/> Change
VP	Nichole Pineda	4645 SE 11th Place	<input checked="" type="checkbox"/> Add
		Suite # 103	<input type="checkbox"/> Remove
		Cape Coral, Fl. 33904	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

PLEASE CHANGE MANAGER LUIS ALEJANDRO PERENGUEZ TO PRESIDENT.

PLEASE ADD NICHOLE PINEDA AS VICE- PRESIDENT

**E. Effective date, if other than the date of filing:** December 1st, 2023 **(optional)**

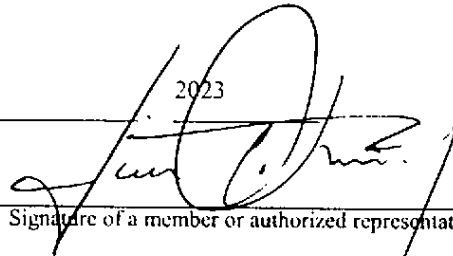
*(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)*

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 record is filed.

Dated December 1st

2023



Signature of a member or authorized representative of a member

Luis Alejandro Perenguez

Typed or printed name of signee