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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division	of Corp	porations					
LE'	VEL CO	NSULTANTS US LLC					
SUBJECT:		Name of Lim	ited Liability Company				
The enclosed Art	icles of A	Amendment and fee(s) are sub	mitted for filing.	•			
Please return all	correspo	ndence concerning this matter	to the following:				
		IVAN PEREZ SILVA					
			Name of Person				
			Firm/Company				
			Address				
		ORLANDO, FL 32821					
			City/State and Zip Code				
		levelconsultants   @gmail.co	om to be used for future annual report no	tification)			
For further infor	mation co	oncerning this matter, please ca					
IVAN PEREZ SILVA		786 2002578 at ()					
	Name of	Person	Area Code Daytii	me Telephone Number			
Enclosed is a che	ck for th	c following amount:					
<b>≡</b> \$25.00 Filing	g Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Address		Street Address:	ection			
Registration Section Division of Corporations			Registration Section Division of Corporations				
P.O. Box 6327			The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEVEL CONSULTANTS US LLC	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.)  bility Company)
he Articles of Organization for this Limited Liability Company w	rere filed on 03/02/2023 and assigned
orida document number L23000110374	
nis amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liabili	ty company here:
VENCO SOLUTIONS LLC	
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
• • •	- 5
rincipal office address MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable:	<u> </u>
Auiling address MAY BE A POST OFFICE BOX)	
. If amending the registered agent and/or registered office ad	dress on our records, enter the name of the new regist
gent and/or the new registered office address here:	
Name of New Registered Agent:	
· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address.	Enter Florida street address
	Emer Fiorida Mreet address
	, Florida
	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 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
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			□Rеточе
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Filing Fee: \$25.00