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COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT: Level Up Leader Consutting 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:
Michelle Zacarias Name of Person
Level Up Leader Consulting, LLC
3915 W San Padro St
Tampa FL 33629 City/State and Zip Code
F-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michelle Zacarias Name of Person at (813) 720 - 4545 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\sum{\$\sum{\$\sum{\$\text{S25.00}}\$ \text{Filing Fee}}} \sum{\$\sum{\$\sum{\$\text{S30.00}\$ \text{Filing Fee} & \$\sum{\$\text{Certificate}\$ of Status}} \sum{\$\sum{\$\text{Certified Copy}\$ (additional copy is enclosed)}} \sum{\$\sum{\$\text{S60.00}\$ \text{Filing Fee}.} \sum{\$\text{Certified Copy}\$ (additional copy is enclosed)}} \sum{\$\text{Certified Copy}\$ (additional copy is enclosed)}
Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Level Up Lea	pany as it now appears on our records.) d Liability Company)
(Name of the Limited Liapility Com (A Florida Limite	d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L2300491035</u>	ny were filed on October 27, 2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lis	ability company here:
nla	
The new name must be distinguishable and contain the words "Limited Lia	ibility Company," the designation "LLC" or the abbreviation, "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	nla
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	lichelle Zacarias
New Registered Office Address: 39	15 W San Pedro St
	Enter Florida street address
	Tampa Florida 33629 Zip Code
New Registered Agent's Signature, if changing Registered Ager	<u>it:</u>

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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Add
			□Remove
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Filing Fee: \$25.00