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DEC 27 2019

COVER LETTER

TO:	Registration Section
	Division of Corporations

Gentem Capital LLC

SUBJECT:

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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:

Christopher Infante

Name of Person

Gentem Capital, LLC

Firm/Company

117 NE 1st Ave Suite 3111

Address

Miami, FL 33132

City/State and Zip Code

cinfante@gentemcap.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Richard Crockett	3053	373-3326
	at ()	
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

S30.00 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

ARTICLES OF O	RUANIZATION
OF	TALES IN T
Gentem Capital. LLC	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	v as it now appears on our records.) ability Company) were filed on <u>05/17/2001</u> and assigned
The Articles of Organization for this Limited Liability Company v	vere filed on 05/17/2001 and assigned
Florida document number L01000007848	
This amendment is submitted to amend the following:	Ŷ
A. If amending name, enter the new name of the limited liabil	ity company here:
LevelX Capital, LLC	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "LLLC."
Enter new principal offices address, if applicable:	117 NE 1st Ave Suite 3111 Miami, FL 33432
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX</u>)	117 NE 1st Ave Suite 3111 Miami, FL 33132
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	fice address on our records, <u>enter_the_name_of_the_new</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street 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 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</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	<u>Name</u>	Address	Type of Action
			O Add
			🗆 Remove
			Change
			O Add
			Remove
			Change
			🗆 Add
			Remove
			Change
			O Add
			Change
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			Remove
			Change
<u></u>			🗆 Add
			Remove
			Change

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

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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.

November 14 Pated	2019	
······		
	Signature of a member or authorized representative of a member	
Christopher Inf	ante	
	Typed or printed name of signee	

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Filing Fee: \$25.00