

L09000061239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

OCT 4 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Level 6 Learning, 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:

Amy Novak

Name of Person

Fortis Spectrum, LLC

Firm/Company

484 Jacksonville Drive

Address

Jacksonville Beach, FL 32250

City/State and Zip Code

amy.novak@fsmeded.com

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

For further information concerning this matter, please call:

Kevin Kaeuper

Name of Person

at (904)

252-0092

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Level 6 Learning, 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 June 23, 2009 and assigned
Florida document number L09000061239.

This amendment is submitted to amend the following:

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

Level 6 Entertainment, LLC

The new name must be distinguishable and end with 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)

317 Seminole Road

Atlantic Beach, FL 32233

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

317 Seminole Road

Atlantic Beach, FL 32233

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TALLAHASSEE, FLORIDA

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: _____

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Kevin Kaeuper	317 Seminole Road Atlantic Beach, FL 32233	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Jon Kaeuper	Jon Kaeuper 13568 Isla Vista Drive Jacksonville, FL 32224	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Amy Novak	Amy Novak 13755 Oak Tree Terrace Jacksonville, FL 32224	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

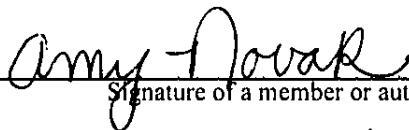
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Dated _____, _____



Signature of a member or authorized representative of a member

Amy Novak

Typed or printed name of signee