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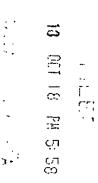
(Requestor's Name)				
(Address)				
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(Business Entity Name)				
(Document Number)				
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Level Headed Properties 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:	
Amelia Tanner Name of Person	-
Love Headed Properties Firm/Company	-
901 NW 8 th Ave StE 16 Address	-
Gaines ville FL 32601 City/State and Zip Code	-
Amelia @ lave headed or future annual report notification)	
For further information concerning this matter, please call:	
Amelia Tanner at (352) 727 - 0984 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	ite of Status &

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

Level Headed P	roperties LLC	-coords)
(A	Liability Company as it now appears on our Florida Limited Liability Company)	recoras.
The Articles of Organization for this Limited Lial	oility Company were filed on05_/]	$\frac{9}{12013}$ and assigned
Florida document number <u>L 13000070</u>	661	· S
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	100
	· · · · · · · · · · · · · · · · · · ·	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation	1 "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	OX)	
B. If amending the registered agent and/or the new registered offi		ecords, enter the name of the new
Name of New Registered Agent:	Stone, Benjamin 901 NW 8th Auc	<u> </u>
New Registered Office Address:	961 NW 8th Auc Enter Florida street	STE A 60 address
	Gainesville	, Florida <u>3 \ 6 O \</u> 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
Owner	Stone, Benjamin C.	901 NW 8th Ave st	E A Û⊒ Add
		Gainsville, FL 32601	□ Remove
			Change
MGA	Tanner JR. Dale B.	901 NW 8th Ave SIE AG	□ Add
		Gainesuille, FL 32601	🗆 Remove
			Change
	 		Add
			Remove Co
			Change
			DAdd ♡
			□ Remove
			Change
			🗆 Add
			Remove
			☐ Change
			Add
			□ Remove
			☐ Change

f amending any other information, enter change(s) here: (A	
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fective date, if other than the date of filing:an effective date is listed, the date must be specific and cannot be prior to date	(optional)
ote: If the date inserted in this block does not meet the applicable s	
ocument's effective date on the Department of State's records.	
record enocifies a delayed effective date. but not an	officialize time of 12.01 pm on the anglish
e record specifies a delayed effective date, but not an The 90th day after the record is filed.	effective time, at 12:01 a.m. on the earlier
ated October 15 . 2018	
ated October 15 . 2018	
Signature of a member or authorized	representative of a member
_	
A MELICA TANY Typed or printed nar	0 🗸

Page 3 of 3

Filing Fee: \$25.00