

L13 000163719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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CLERK OF DISTRICT COURT  
JULIA A. HARRIS

NOV 27 2013

T CLINE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **Levco Real Estate Group**

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:

**Clotilde Levi**

Name of Person

Firm/Company

**4706 N 39th Street**

Address

**Hollywood, FL 33021**

City/State and Zip Code

**CLOLEVI@YAHOO.COM**

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

For further information concerning this matter, please call:

**CLOTILDE LEVI**

Name of Person

at **786 942-5337**

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  
DIVISION OF CORPORATIONS  
2013 NOV 25 AM 9:32

CLILEVI

## Page 1 of 3

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	Niv Levi	4706 N 39th St, Hollywood Fl 33021	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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 FLORIDA DEPARTMENT OF  
 REVENUE

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

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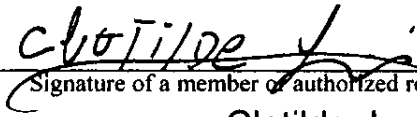
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Dated 11-22-2013, \_\_\_\_\_.



Signature of a member or authorized representative of a member

Clotilde Levi

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE  
MAIL ROOM 100007

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