

L14000105144

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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OCT 27 2014
O. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Levels Above Entertainment 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:

Alejandro Rafael Cruz
Name of Person

N/A
Firm/Company

16431 NW 84 CT
Address

Miami Lakes FL 33016
City/State and Zip Code

hyvoltage24@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ethan Bell
Name of Person

at (305) 744-6175
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

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CLERK OF STATE

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

Levels Above Entertainment 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 July 2nd, 2014 and assigned Florida document number L14000105144

This amendment is submitted to amend the following:

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

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)

16431 NW 84 CT
Miami Lakes, FL
33016

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

16431 NW 84 CT
Miami Lakes, FL
33016

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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:

Ethan Bell

New Registered Office Address:

16431 NW 84 CT

Enter Florida street address

Miami Lakes

City

Florida

33016

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Alejandro Rafael Cruz	16431 NW 84 CT Miami Lakes	<input type="checkbox"/> Add
		16431 NW 84 CT Miami Lakes	<input checked="" type="checkbox"/> Remove
		33016	
Agent	Alejandro Rafael Cruz		<input type="checkbox"/> Add
		16431 NW 84 CT	<input checked="" type="checkbox"/> Remove
		Miami Lakes FL 33016	
AMBR	Ethan Bell	16431 NW 84 CT	<input checked="" type="checkbox"/> Add
		Miami Lakes FL 33016	<input 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

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JANESVILLE, FLORIDA

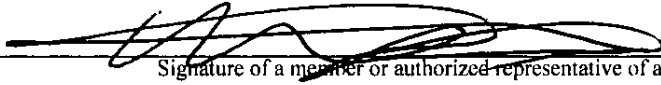
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I Alejandro Rafael Cruz no longer hold any position as Manager or an agent in Levels Above Entertainment. The only person who owns Levels Above Entertainment LLC is Ethan Dell both Manager and agent.

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated October 21st, 2014, 2014



Signature of a member or authorized representative of a member
Alejandro Rafael Cruz

Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE FLORIDA