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DIVISION OF CORPORATIONS
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Account#: I20000000088

Date:	10/16/2020	
Name:	Merritt Walker	
Reference	e #: 1274504	
	me:SE	AMLEV PP, LLC
Art	icles of Incorporation/Authoriz	zation to Transact Business
Am	nendment	
✓ Ch	ange of Agent	
☐ Re	instatement	
Co	nversion	
☐ Me	erger	
Dis	ssolution/Withdrawal	
☐ Fic	titious Name	
Oth	ner	
Authorize	d Amount: \$25	
Signature	:)

COVER LETTER

Registration Section
Division of Corporations

TO:

INH\$18 (2/14)

SUBJECT:	SE	AMLEV PI	P, LLC	
	Name of	Limited Lia	ibility Comp	any
Dear Sir or Madam:				
The enclosed Registered Ag	ent/Registered Office (Thange and f	fee(s) are sub	omitted for filing.
Please return all correspond	ence concerning this ma	atter to the f	ollowing:	
KE	N DUBOW			
Nai	ne of Person		_	
SEAN	ILEV PP, LLC			
Fin	n/Company		_	
5495 HA	MMOCK DRIVE	,		
A	ddress			
	BLES, FL 33156 US		_	
City/\$t	ate and Zip Code			
E-mail address: (to be	used for future annual r	report notific	cation)	
For further information con-	cerning this matter, plea	ise call:		
Samantha S	olloway a	t (800)	483-1140
Name of Pe	rson		Area Code	& Daytime Telephone Number
STREET/COURIE Registration Section Division of Corpora	1	Reg Div	ILING ADI istration Sec ision of Corp	tion
Clifton Building 2661 Executive Cer Tallahassee, Florida			, Box 6327 ahassee, Flo	rida 32314
Enclosed is a check	for the following amo	ouat:		
 \$25 Filing Fee 		\$55	5 Filing Fee	& Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

N	ime of the limited liability company:	S	EAMLEV PP, LLC			
(a)	5495 HAMMOCK DRIVE	(b)	5495 HAMMOCK DRIVE			
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	CORAL GABLES, FL 33156 US		CORAL GABLES, FL 33156 US			
	03/04/2015		L15000040247			
	Date of filing/registration in Florida	4.	Document number			
(a)	KAUFMAN ROSSIN & CO					
14.7	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
	2699 S BAYSHORE DRIVE 3RD F					
	Registered Office Address (MUST BE FLORIDA STREET).	INDRESS				
	<u> </u>	HAMILANDY	i e			
	MIAMI FL	2242	3			
(b)		2242	3			
(b)		3313	3 71			
(b)	MIAMI FI COGENCY GLOBAL INC.	33133	3			
(b)	MIAMI FL COGENCY GLOBAL INC. Enter name of NEW Registered Agent and/or NEW Registered	33133	3			

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ Eric T. Levin Eric T. Levin, Manager

Signature of a member or authorized representative of a member

Printed or typed name of signee

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.

Mensett Walker, Asst. Sweetary
Signature of Registered Agent