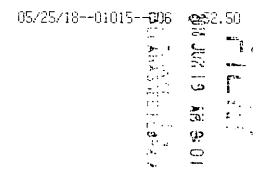
215000094813

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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I'M SO JULE ESTA

COVER LETTER

	gistration Sect vision of Corp			
CUBIECT.	LevelOne D	esign Studio, LLC		
SOBJECT:		Name of Limi	ted Liability Company	
The enclose	d Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return	n all correspon	dence concerning this matter t	to the following:	
		Joseph Parker		
			Name of Person	
. •		LevelOne Design Studio,	, LLC	
•			Firm/Company	
		1415 Johns Cove Lane		
			Address	
		Oakland, FL 34787		
			City/State and Zip Code	
		j.parker@parkertaxes.con	n to be used for future annual report notific	cetion)
For further i	nformation cor	ncerning this matter, please ca	•	callony
Joseph Pa	rker		412 8411310	
	Name of i	Person	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





May 29, 2018

PATRICK DINNEEN 271 N PENNSYLVANIA AVE, SUITE 2 WINTER PARK, FL 32789

SUBJECT: LEVELONE DESIGN STUDIO, LLC

Ref. Number: L15000094813

We have received your document for LEVELONE DESIGN STUDIO, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LP, but your entity is a LLC. Please complete and return the enclosed blank form(s).

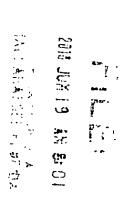
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 618A00011111





ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LevelOne Design Studio, LLC					
(Name of the Limit	ed Liability Compa (A Florida Limited	any as it now appears on our recor Liability Company)	rds,)		
The Articles of Organization for this Limited Liability Company were filed on 05/29/2015				signed	
Florida document number L15000094813	·				
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	the limited liab	oility company here:			
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation "LL	.C" or the abbreviation "I	"IC."	
Enter new principal offices address, if applic	able:	1415 Johns Cove Lane			
(Principal office address MUST BE A STREE	T ADDRESS)	Oakland, FL 34787			
			1	201	
)	CEI VA	
Enter new mailing address, if applicable:		1415 Johns Cove Lane		25% Mari	2.
(Mailing address MAY BE A POST OFFICE	BOX)	Oakland, FL 34787	;n **	أ ف	
·				<u>:</u>	4
·				Ĉio .	•
B. If amending the registered agent and/ registered agent and/or the new registered of			ds, enter the name	of the n	iev
Name of New Registered Agent:	Brian Wagner	r, Esq., Mateer & Harbert			
New Registered Office Address:	Landmark Ce	nter II, 225 East Robinson St	reet #600		
		Enter Florida street addr	ress		
	Orlando	, F	Florida <u>32801</u>		
		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 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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	SDSS Florida, LLC	2131 NE 15TH STREET	Add
		Fort Lauderdale, FL 33304	■ Remove
			Change
MGR	Dinneen, Patrick A	PO Box 177	☐ Add
		Winter Park, FL 32790	■ Remove
			Change
MGR	Parker, Joseph	1415 Johns Cove Lane	■ Add
		Oakland, FL 34787	□ Remove
			Change
	<u> </u>	<u> </u>	Add
			Remove
			Change
			
			□ Remove Control Change Control Cha
			C Remove?
			Change

Dated						
	d specifies a delayed effo Oth day after the record i		not an effective t	ime, at 12:01 a.d	m. on the ear	lier of:
	the date inserted in this block d's effective date on the Depart			g requirements, this c	late will not be li	sted as t
	date, if other than the date ve date is listed, the date must be sp	pro p.		(option fore than 90 days after fi	ling.) Pursuant to 6	05.0 207 /
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