Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN LEVEL 4 CONSULTORIA LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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LEVEL 4 CONSULTORIA LLC				
(Name of the Lin	nited Liability Comp (A Florida Limited	any as it now appears on the Liability Company)	our records.)	
The Articles of Organization for this Limited Florida document number L15000197113	Liability Company	y were filed on 11/25/20	215 and assigned	
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liat	pility company here:		
Level 4 Consulting LLC				
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designa	tion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	icable:	9100 Conroy Wender	mere Rd Suite 200	
(Principal office address MUST BE A STREET ADD)		Wendermere, FL, 34786		
·				
Enter new mailing address, if applicable:		9100 Conroy Wendermere Rd Suite 200		
(Mailing address MAY BE A POST OFFICE BOX)		Wendermere, FL, 34786		
B. If amending the registered agent and/or agent and/or the new registered office address.	registered office : ess here:	address on our record	s, enter the name of the new registere	
Name of New Registered Agent:				
New Registered Office Address:	801 US Highwa			
		Enter Florida str	eet address	
	North Palm Bes	ach	, Florida <u>33408</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>	Address	Type of Action
MGR	ALEX L SILVA	9100 Conroy Wendermere Rd Suite 200	□Add
		Wendermere, FL, 34786	
			■Change
MGR	CRISTINA A ARAUJO SILVA	9100 Conroy Wendermere Rd Suite 200	
		Wendermere, FL, 34786	⊡Remove
			<b>=</b> Change
			□Add
			Remove
			Change
~			□Add
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tote. If the date meered	ban the date of filing:  date must be specific and can in this block does not meet on the Department of State	the applicable statute	(op ling or more than 90 days af ory filing requirements, t	tional) ter filing.) Pursuant to 605.0207 his date will not be listed as
record specifies a delayed d is filed.	effective date, but not an e	ffective time, at 12:0	) a.m. on the earlier of:	(b) The 90th day after the
		Y) A		
March 12th	20	120		
Dated March 12th	·	· · ·		
Dated March 12th	·	per or authorized repres	entative of a member	

Filing Fee: \$25.00