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	•	COVER LETTER	
FO: Registration Sc Division of Cor			
	ge to MRLEVO LLC from L	EVO LLC	
UBJECT:	Name of Lim	ited Liability Company	
he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
	ndence concerning this matter		
	Levent YAYLALI		
		Name of Person	
	LEVO LLC		
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	9505 SW 75 th Street		
		Address	
	Gainesville, FL 32608		
		City/State and Zip Code	
	Levent@redlabel.com E-mail address: (	to be used for future annual report notif	ication)
or further information c	oncerning this matter, please c	all:	
levent YAYLALI		352 329 3219 at ( )	
N'ame o	f Person		: Telephone Number
nclosed is a check for th	te following amount:		
■ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S Division of C	Section	<u>Street Address:</u> Registration Sec Division of Cor	
P.O. Box 632 Tallahassee, I	7	The Centre of T	
	-	Tallahassee, FL	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 2022 NOV 28 PH 2: 41 LEVO 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 09/05/2017 and assigned Florida document number L17000188464 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MRLEVO LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: N/A Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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.

Citv

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>	<b>Type of Action</b>
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ctive date, if other than the d	late of filing:(optional) be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605
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	Page 3 of 3 Filing Fee: $$25.00 \rightarrow chk \# 1100$ $$2.5 \stackrel{oo}{=}$

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