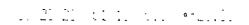
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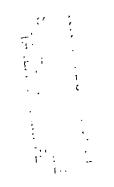
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PICK-UP WAIT MAIL
(Business Entity Name)
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Certified Copies Certificates of Status
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COVER LETTER

TO: Registration Section

Division of Co.	rporations		
On the Lev	vel Inspections, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
	Amendment and fee(s) are sub	_	
Please return all correspondence	ondence concerning this matter	to the following:	
	David Sivitz		
		Name of Person	<u> </u>
	On the Level Inspections.	LLC	
		Firm/Company	S. 25.
	8100 Alhambra Court		TALL
		Address	
	Spring Hill, FL 34606		Service 20 de 2
		City/State and Zip Code	in ,
	onthelevel.david@gmail.co E-mail address:	(to be used for future annual report not	ification)
For further information of	concerning this matter, please of	eall:	
David Sivitz		352 650-0700 at ()	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	7 \$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 Division of C	Section Corporations	Street Address: Registration Se Division of Co	rporations
P.O. Box 632 Tallahassee,		The Centre of 7	Fallahassee be Street, Suite 810

Tallahassee, FL 32303

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

On the Level Inspections, LLC			
(Name of the Limited Liability Co (A Florida Linu	mpany as it now appears on our ited Liability Company)	records.)	
The Articles of Organization for this Limited Liability Comp	and as	and assigned	
Florida document number $\frac{1.17000198930}{}$.			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	liability company here:		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation	on "LLC" or the abbreviation "L	L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	0	S - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
		<u> </u>	
		7. 0	
Enter new mailing address, if applicable:		ر بر ()	•
(Mailing address MAY BE A POST OFFICE BOX)		- <u> </u>	t
		-; : [-:	·
D. If any adjace the assistant agent and a section of FG	ta a galaban na manananan ang a	ri -	-
B. If amending the registered agent and/or registered office and/or the new registered office address here:	ice audress on our records,	enter the name of the ne	<u>w registere</u>
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street	t address	
	City	Florida Zip Code	
New Registered Agent's Signature, if changing Registered Age	•	глр Соае	

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Bevin Way	7178 Catalina Street, Spring Hill. FL 34606	= Add
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			□Change
			□Remove
		<u> </u>	□Change
			□Add
			Remove
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fective date, if other than the date of filing:		(op	tional)	(06.02)
ote: If the date inserted in this block does not meet the application	able statutory fili	ng requirements, t	his date will r	not be listed a
cument's effective date on the Department of State's records.				
ecord specifies a delayed effective date, but not an effective ti	me at 12:01 a.m	on the earlier of	(b) The 90th	ı day after th
is filed.			(0) 1112 731.	
, March 16 2023				
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Filing Fee: \$25.00