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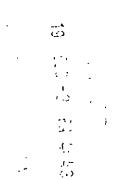
| (R | equestor's Name) | |
|-------------------------|------------------------|--------|
| (A | ddress) | |
| (A | ddress) | |
| (C | ity/State/Zip/Phone #) | |
| PICK-UP | WAIT | MAIL |
| (B | usiness Entity Name) | |
| (D | ocument Number) | |
| Certified Copies | Certificates of | Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

| The Levir | ne Group, LLC | | •* | |
|--------------------------------------|--|---|--------------------|-----------------|
| SUBJECT: | Name of Lim | ited Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| | ondence concerning this matter | _ | | |
| | Eric L. Levine | | | |
| | | Name of Person | | - |
| | The Levine Group, LEC | | | |
| | | Firm/Company | | _ |
| | 25 Corning Court | | | |
| | Palm Coast, FL 32137 | Address | | - |
| | Eric@TheLevineGroupLL | City/State and Zip Code C.com | | - |
| | E-mail address: (| to be used for future annual report noti | ification) | |
| For further information (| concerning this matter, please c | all: | | |
| Eric L. Levine | | 908 413-3443 | | |
| Name | of Person | at () Area Code Daytim | ne Telephone Numbe | r |
| Enclosed is a check for t | he following amount: | | | |
| □ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | ite of Status & |
| <u>Mailing Addre</u> Registration | | <u>Street Address:</u> Registration Se | ction | |
| Division of (| | Division of Cor | | |
| P.O. Box 632 | | The Centre of T | | 210 |
| Tallahassee, | FL 32314 | Z413 N. MONTO | e Street, Suite 8 | IV |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| v appears on our records.) npany) |
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| on November 22, 2017 and assigned |
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| pany here: |
| y," the designation "LLC" or the abbreviation "L.L.C." |
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| our records, <u>enter the name of the new reg</u> i |
| |
| nter Florida street address |
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| Florida Zip Code |
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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 |
|--------------|---------------|----------------------|----------------|
| AMBR | Eric L Levine | 25 Corning Court | |
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| | | Palm Coast, FL 32137 | |
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Page 2 of 3

| TLG, LLC is a sole member company. To open a checking | account, the bank is now requiring I be listed as a |
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| Member or Authorized member on the Annual | report and in SunBiz. |
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| tive date, if other than the date of filing: | (optional) ot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 |
| If the date inserted in this block does not meet t | he applicable statutory filing requirements, this date will not be list |
| nent's effective date on the Department of State's | s records. |
| cord specifies a delayed effective date, | but not an effective time, at 12:01 a.m. on the earlie |
| 90th day after the record is filed. | , |
| | 019 |
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| E CONTRACTOR OF THE STATE OF TH | er or authorized representative of a member |
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