

US000019805

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

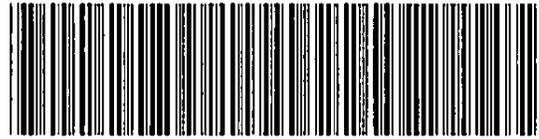
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/18/24--01021--016 **50.00

2024 JUN 18 PM 3:48
CLERK OF STATE
TALLAHASSEE, FL
3:10

A. HUNT
6/18/24

May 23, 2024

DANIELA ACOSTA-LEVIN (LLC MANAGER)

DAYTIME PHONE # 561.235.1657

RETURN ADDRESS: 5266 NW 117TH AVE, CORAL SPRINGS, FL 33076

*CHECK WITH FEES ENCLOSED

2024 MAY 19 PM 3:48
MAIL ROOM
STATE OF FLORIDA
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Levin Insurance Group, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniela Acosta-Levin
Name of Person

The Levin Insurance Group, LLC
Firm/Company

5266 NW 117th Ave
Address

Coral Springs, FL 33076
City/State and Zip Code

theinvestordani@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniela Acosta-Levin at (561) 235-1657
Name of Person Area Code Daytime Telephone Number

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TALLAHASSEE, FL
JAN 18 PM 3:48

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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

The Levin Insurance Group, 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 02/26/2018 and assigned Florida document number L18000049808.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The Investor Dani, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

5266 NW 117th Ave

(Principal office address MUST BE A STREET ADDRESS)

Coral Springs, FL 33076

Enter new mailing address, if applicable:

5266 NW 117th Ave

(Mailing address MAY BE A POST OFFICE BOX)

Coral Springs, FL 33076

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STATE
SECRETARY
TALLAHASSEE, FL
FEB 27 11 18 AM 3:48

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:

Name of New Registered Agent: Daniela Acosta-Levin

New Registered Office Address: 5266 NW 117th Ave

Enter Florida street address

Coral Springs

Florida 33076

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>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

DEPT. OF REVENUE
TALLAHASSEE, FL
APR 18 PM 3:48

