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## COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Lev	el Up IT LLC	
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Jonathan Draghici	
		Name of Person	
		Level Up IT LLC	,
		Firm/Company	
		512 N Prescott Ave	· <del></del>
		Address	
	(	Clearwater, FL 33755	
		City/State and Zip Code	
		.draghici@hotmail.com to be used for future annual report r	antification)
For further information c	encerning this matter, please ca		BHH CAUNTY
	n Draghici	at ( <u>727</u> ) Area Code Day	637-7930 stime Telephone Number
Painte v	i Petson	Alta conc 1112	time receptione readox.
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	<b>図 \$</b> 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)
Registr	JNG ADDRESS: ration Section	Registration Sec	
Divisio	on of Corporations ox 6327	Division of Cor Clifton Building	rporations
	assec, FL 32314	2661 Executive	

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2019 JAN 28 PH 4:112

Company as it now appears on our records.) MASSEE. 03/15/18 \_\_\_\_ and assigned The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ Florida document number \_\_\_\_\_L18000068238 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Level Up I.T. LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City 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.

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

MGR = N	lanager		
	uthorized Member	Address	Tuna of Assiun
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
			Add
			Remove
			Change
			Add
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·			
			□ Remove
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			Change

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Filing Fee: \$25.00