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| Certified Copies | _ Certificates | s of Status |
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COVER LETTER

| TO: | Registration Se Division of Cor | | | |
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| SUB J | ECT: | | | · |
| | | Name of Lim | ited Liability Company | |
| The er | nclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please | return all correspo | ndence concerning this matter | to the following: | |
| | | Jeff Butler | | |
| | | Levelpro Construction | Name of Person | - |
| | ı. | 15607 Colding Loop | Firm/Company | · |
| | | Wimauma, FL 33598 | Address | |
| | •• | jbutler@lavelprofl.com | City/State and Zip Code | |
| For fu | rthes information o | E-mail address: (oncerning this matter, please ca | to be used for future annual report notif | ication) |
| Jeff B | | , | 813 763-1832 | |
| | Name o | f Person | | e Telephone Number |
| Enclo: | sed is a check for th | ne following amount: | | |
| □ S2 | 25.00 Filing Fee | S30.00 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 | ING ADDRESS: | STREET/COURL Registration Section | n |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Ft. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEVELPRO CONSTRUCTION LLC

| (Name of the Limited Limited Control (A Florida Limite | nnany as it now appears on our records.) ed Liability Company) | |
|---|--|---|
| The Articles of Organization for this Limited Liability Compa | ny were filed on April 24, 2018 | and assigned |
| Florida document number L18000102606 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited li | ability company here: | |
| The new name must be distinguishable and contain the words "Limited Li- | ability Company," the designation "LLC" or th | se abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| | | 17/10/21 |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | <u>;</u> |
| | | |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address h | | ter the name of the |
| Name of New Registered Agent: | | |
| Name Danistand Office Address | | |
| New Registered Office Address: | Enter Florida street address | |
| | , Florida | l |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Age | nt: | |
| New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officempany has been notified in writing of this change. | gree to act in this capacity. I further the performance of my duties, and I a is provided for in Chapter 605, F.S. (| m familiar with and Or, if this document i |

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 a or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Actio |
|--------------|--------------|---------------------------------|---------------|
| AMBR | Ronnie Hicks | 6758 SW CR344 Bell, FL 32619 | |
| | | | ☐ Remove |
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| Effective date, if other than the date of filing: Optional | | | |
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Filing Fee: \$25.00