# h18000117066

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#### **COVER LETTER**

#### TO: **Registration Section Division of Corporations**

:UВЈЕСТ:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	Jennifer B. Levy		
		Name of Person	
	The Law Office of Jennife	r B. Levy, PLLC	
		Firm/Company	
	5401 S. Kirkman Rd. Ste.	310	
		Address	<del></del>
	Orlando, Florida 32819		
	jblevy@jblevylaw.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	lication)
for further information of	concerning this matter, please ea	all:	
Jennifer B. Levy		407 744-9121 at ( )	
Name o	of Person		: Telephone Number
inclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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 Law Office of Jennifer B. Levy, LLC		
( <u>Name of the Limited Lial</u> (A Flor	bility Company as it now appears on our rec rida Limited Liability Company)	ords.)
he Articles of Organization for this Limited Liability lorida document number L18000117066	y Company were filed on 5/9/2018	and assigned
nis amendment is submitted to amend the following	:	
. If amending name, enter the new name of the li	imited liability company here:	
he Law Office of Jennifer B. Levy, PLLC		
e new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "l	JLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	no change	
rincipal office address MUST BE A STREET AD	DRESS)	
		2022 FEB
nter new mailing address, if applicable:	no change	ω ''
failing address MAY BE A POST OFFICE BOX)		- F
		Section 4
		± 20 € O
If amending the registered agent and/or registe tent and/or the new registered office address her	red office address on our records, <u>en</u> <u>e</u> :	ter the name of the new registe
Name of New Registered Agent: no	change	
New Registered Office Address:	Enter Florida street ad	dress
	 City	Florida Zip Code
	517	ing some

#### 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>	Address	Type of Action
			🗀 Add
		<del>-</del>	Remove
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etfe <u>e:</u> l	ye date, if other than the date of filing:
file	
ed_	February 1. 2022  Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Jenn. Fer B Levy Typed or printed name of signee