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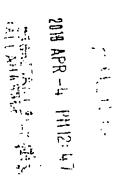
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COVER LETTER

Division of Co		* 1		_	
	LEVY LLC			Es .	
SUBJECT:	Name of Limi	ed Liability Company		1987 ·	
The enclosed Articles of	f Amendment and fee(s) are subr	nitted for filing.		THE STATE OF THE S	
Please return all corresp	ondence concerning this matter t	o the following:		是一	
	ROBERT LEVY				
		Name of Person			
	Name of Limited Liability Company the enclosed Articles of Amendment and fee(s) are submitted for filing. ease return all correspondence concerning this matter to the following: ROBERT LEVY Name of Person Firm/Company 2141 VILLA WAY Address NEW SMYRNA BEACH, FL 32169 City/State and Zip Code blsurf4@gmail.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: ROBERT LEVY Name of Person 1386 Area Code Daytime Telephone Number Inclosed is a check for the following amount:				
2141 VILLA WAY					
		Address			
	NEW SMYRNA BEACH,	FL 32169			
	blsurf4@gmail.com	City/State and Zip Code			
	E-mail address: (o be used for future annual report notifi	cation)		
For further information	concerning this matter, please ca	dl:			
ROBERT LEVY					
Name	of Person	Area Code Daytime	Telephone Number		
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 enclos		
Regi	LING ADDRESS: stration Section sion of Corporations	STREET/COURI Registration Section Division of Corpor	n		

P.O. Box 6327

Tallahassee, FL 32314

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROBERT LEVY 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 ______ Florida document number _____L19000081424 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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

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.

City

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
AMBR	ROBERT LEVY	2141 VILLA WAY NEW SMYRNA BEACH FL 32169	
			Remove
			🗖 Change
			
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ctive date, if other than t effective date is listed, the date r e: If the date inserted in this ament's effective date on the	block does not meet the ap	pplicable statutory filing	(optional) ore than 90 days after filing.) Pursua g requirements, this date will no	int to 605.0: It be listed
record specifies a delay ne 90th day after the r		t not an effective t	ime, at 12:01 a.m. on the	e earlier
ed	2019	·		
<u> </u>		authorized representative		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00