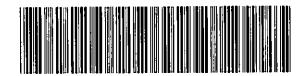
L19000157477

(Re	questor's Name)	
(Ad	dress)	<u> </u>
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	•••

Office Use Only



300337237083

11/21/19--81010--833 **25.00

2019 NOV 21 NH 8: 5:

COVER LETTER

TO: Registration Secti Division of Corpo		\mathcal{L}_{-i}	·
SUBJECT: <u>Level</u>	up Credit 3 Fi Name of Limi	nancial Solutions LC ted Liability Company	<u></u>
The enclosed Articles of Ar	nendment and fee(s) are subr	nitted for filing.	·
Please return all correspond	ence concerning this matter t	to the following:	
	Seide.	Desauguste Name of Person	····
		Firm/Сотралу	.
	_1121 S M	Hary TRL # 353 Address	
		City/State and Zip Code	
	S. desaugus E-mail address: (t	te & gmail com o be used for future annual report notif	ication)
For further information con	cerning this matter, please ca	ill:	
Sejde Desar Name of P	iguste	at (<u>954</u>) <u>892 - 3</u> Area Code Daytime	3312. Telephone Number
Enclosed is a check for the	-		
\$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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Level Un Credi-	+ 3 Financia	al Solution	S	201
(Name of the Limited	Liability Company A Florida Limited Lia	as it now appears on ability Company)	n our records.)	9,10
Level Up Credi- (Name of the Limited Lia	bility Company w	vere filed on <u>Ol</u>	-14 - 2019	and assigned
Florida document number <u>L190001574</u>				
This amendment is submitted to amend the follow				8: 52
A. If amending name, enter the new name of	the limited liabil	ity company here	<i>:</i>	
N/A The new name must be distinguishable and contain the wo				
The new name must be distinguishable and contain the wo				
Enter new principal offices address, if applica	ble:	<u> 1121 S</u>	Military	Tail #353
(Principal office address MUST BE A STREET	ADDRESS)	Dece Geld	Beach, FL	Jail #353 33442
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>:0x)</u>	1121 S Deceptied	Military Tra Beach , FL	211 #353 33442
B. If amending the registered agent and/o registered agent and/or the new registered off			our records, <u>enter</u>	the name of the ne
Name of New Registered Agent:		DesAugust		
New Registered Office Address:	1121 5	Military Enier Florida	Trail #35 i street address	5 <u>3</u>
	Deerfield	Beach	, Florida	33442 Zip Code
				Zip Code
Now Designand Asset Company of changing D.	actictorod Against			

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 (son(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>	Name	Address	Type of Action
MGR_	Locke, Nathaniel Jr	P.O. Box 1672	
		Decried Beach, FL 33443	Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change
			□ Add
			□ Remove
			Change

. If amendi	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
(If an effective Note: If t	date, if other than the date of filing:
the record	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated	November 18th
	Signature of a member or authorized representative of a member
	Scide Desauguste Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00