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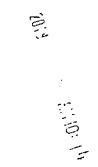
(Re	equestor's Name)	
(Ac	idress)	<u> </u>
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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Amend Mane chy

OCT 1 5 2019

I ALBRITTON

COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT: KEN	LEVY Pro	operties LL	<u>.C.</u>
The enclosed Articles of Ame	ndment and fee(s) are submitted	for filing.	
Please return all corresponder	ce concerning this matter to the	following:	
-	JArred S	Chume (
-	LEVY Sch	ume INVEST	MENITS LLC
	555 SW 1		
(Pompano B	PRINCE OF COMPANY CONTRACTOR OF CONTRACTOR O	33069
_	E-mail address: (to be us	R @ me. com	ilion)
For further information conce	rning this matter, please call:		
TARKED So	CHUMER ON	at (561) 596 Area Code Daytime P	elephone Number
Enclosed is a check for the fo	lowing amount:		
\$25,00 Filing Fee	S30.00 Filing Fee & Secretificate 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

KEN LEVY PROPERTIES

(Name of the Limited I	Jability Company as it now appears on our records.) Torida Limited Liability Company)
The Articles of Organization for this Limited Liabi Florida document number <u>L19000</u> 1	lity Company were filed on 7/25/19 and assigned 91151
This amendment is submitted to amend the following	ng:
A. If amending name, enter the new name of the	e limited liability company here:
LEUY ScHUMER I	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:
(Principal office address MUST BE A STREET A	DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO.	<u> </u>
registered agent and/or the new registered office	
Name of New Registered Agent:	JITICACI) SCOTO ICE
New Registered Office Address:	555 SW 12 11 HVE # 120
	JARRED SCHUMER. 555 SW 12TH AVE #120 Enter Florida street address Ompano Beach Florida 33069 Zip Code
New Registered Agent's Signature, if changing Regi	stered Agent:

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 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 = Authorize	ed Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Jarred Schumer	555 5W 12TH AVE	#120 XAdd
		SSS SW 12TH AVE Pompano Beach FL 3	3069 Remove
			☐ Change
			□ Remove
			Change
			□ Remove
		☐ Change	
			Add
			□ Remove
			Change
		□ Remove	
			Change
			DJd
			□ Remove

	sending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E 1200	
(If an e <u>Note</u>	(optional) (deptional) (depti
If the re (b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	Sept 25 2019
	Hemosphure of a member or futborized representative of a member
	K- 1210

Page 3 of 3

Filing Fee: \$25.00