L19000 193 143

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		·

Office Use Only

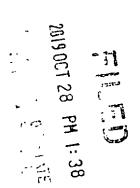


200336019472

FILING CANCELLED
DUE TO RETURNED CHECK

10/28/19--01042--024 **25.00

e TA 1 700



Mudo

COVER LETTER

TO: Registration Section
Division of Corporations

FILING CANCELLED DUE TO RETURNED CHECK

	Name of Lim	ited Liability Company	
he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
lease return all correspo	ndence concerning this matter	to the following:	
	BRANDON ASHER BAU	JMEISTER	
		Name of Person	
	LEVEL PRO, LLC		
		Firm/Company	
	1221 COMMERCIAL PA	RK DR STE 4	
		Address	
	TALLAHASSEE, FL 323	03	
	ASHER@GOLEVEL.CO	City/State and Zip Code	8 5000
	E-mail address: (to be used for future annual report notifi	cation)
or further information c	oncerning this matter, please co	all:	
BRANDON ASHER BA	AUMEISTER	850 320-8651 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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 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

FILING C'ANCELLED DUE TO RETURNED CHECK

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEVEL PRO, LLC			
(Name of the Limite	d Liability Compa A Florida Limited l	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Lia Florida document number L19000193143	ability Company	were filed on 08/07/2019	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, <u>enter the new name of</u>	the limited liab	ility company here:	
LEVEL PROJECTS, LLC			
The new name must be distinguishable and contain the we	ords "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable: 1221 COMMERCIAL PARK DR STE 4		STE 4	
Principal office address MUST BE A STREET		TALLAHASSEE, FL 32303	2011 001
			8 71
Enter new mailing address, if applicable:			7 28
(Mailing address MAY BE A POST OFFICE BOX)			= 0
	<u>_</u>		38
B. If amending the registered agent and/oregistered agent and/or the new registered off	•	-	enter the name of the ne
Name of New Registered Agent:	BRANDON AS	SHER BAUMEISTER	
New Registered Office Address:	1221 COMME	RCIAL PARK DR STE 4	
		Enter Florida street address	
	TALLAHACCI	C (C	22202

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>Na</u>	<u>me</u>	Address	Type of Action
JA	SON HICKS	3544 GARDENVIEW WAY	□ Add
		TALLAHASSEE FL 32309	
			■ Remove
			□ Change
RI	CHARD BEHRMANN	3544 GARDENVIEW WAY	
 -		TALLAHASSEE FL 32309	U Add
			Remove
			Change
	RANDON ASHER AUMEISTER	1221 COMMERCIAL PARK DR STE 4	□ Add
		TALLAHASSEE FL 32303	
1711	LING CANCELLED		□ Remove
	JE TO RETURNED CHE	CK	☐ Change
			□ Add
			Remove
			Change
			🗅 Add
			Remove
			Change
_			
			□ Change

FILING CANC	ELLED
	RNED CHECK
— DUL IO NETO	RALD CITE IX
	· · · · · · · · · · · · · · · · · · ·
	
	, , , , , , , , , , , , , , , , , , ,
 	
	
	10/23/2019
ffective date, if other than the	date of filing: (optional) be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
an effective date is listed, the date must lote: If the date inserted in this blo	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 ock does not meet the applicable statutory filing requirements, this date will not be listed as
ocument's effective date on the De	
e record specifies a delayed The 90th day after the reco	effective date, but not an effective time, at 12:01 a.m. on the earlier of
The John day after the rece	na 13 mea.
OCTOBER 23	2019
ated	
Q-	$((\cdot,\cdot))$
-	Signature of a member or authorized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00