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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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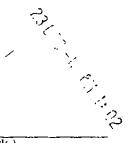
Registration Section

TO:

Division of C	orporations				
Levy Ad	vertising Enterprises, LLC				
SUBJECT:	Name of Lin	ited Liability Company	· · · · · · · · · · · · · · · · · · ·		
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corres	pondence concerning this matter	to the following:			
	David F. Simon				
		Name of Person			
	The Simon-Crair Group				
8925 SW 148 Street, Suite 218					
	The Simon-Crair Group Firm/Company 8925 SW 148 Street. Suite 218 Address Miami, Florida 33176 City/State and Zip Code dfs@simoncpa.net E-mail address: (to be used for future annual report notification) further information concerning this matter. please call: pert Levy 305 992-7662 at (
	Wilaitii, Fioriga 33170	City/State and Zin Code	 		
	dfs@simoncpa.net	,			
			tification)		
	i concerning this matter, please ca				
Albert Levy					
Name	e of Person	Area Code Daytii	me 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 enclosed)		
Mailing Addi Registration Division of P.O. Box 6. Tallahassee	n Section Corporations 327	Street Address: Registration Se Division of Co The Centre of 2415 N. Monre	rporations		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Levy Advertising Enterprises, 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 Li	ability Company	were filed on 10/11/2019	and assigned	
Florida document number				
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
Levy's Landing LLC				
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applica	able:	9327 NW 50th Doral Circle South		
(Principal office address MUST BE A STREET ADDRESS)		Doral, Fl. 33178		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office	address on our records, <u>e</u>	nter the name of the new registered	
Name of New Registered Agent:	Albert Levy			
New Registered Office Address:	837 5 NW 30 T	errace Enter Florida street a	address	
	Miami		, Florida ³³¹²²	
		Cin [,]	Zip Code	

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 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
			□Remove
			☐Change
			□Add
			□Remove
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Note: 1	ve date, if other than entire date is listed, the date if the date inserted in this ent's effective date on the	s block does not me	eet the applical				
the record	l specifies a delayed effe ed.	ctive date, but not a	an effective tin	ne, at 12:01 a.m	. on the earlier o	f: (b) The 90th d	ay after the
Dated 1	November 28		2023				
_	→			_			
		Signature of a m	nember or author	rized representati	ve of a member	<u> </u>	
	Albana Larra						
	Albert Levy			I name of signee			

Filing Fee: \$25.00