## L200000 76335

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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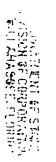
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## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration Se Division of Cor		,	
LEVEL VI	2020 LLC	•	
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ANDRES LEVEL		
		Name of Person	
		Firm/Company	
	222 NE 25TH STREET SU	JITE # 701	
		Address	
	MIAMI, FLORIDA 33137		
	alevelm@gmail.com E-mail address: (	City/State and Zip Code to be used for future annual report no	otification)
For further information c	oncerning this matter, please c	all:	
ANDRES LEVEL		786 354-0470	
Name o	f Person		me Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	S30.00 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 Addres Registration S		Street Address: Registration S	ection
Division of C	orporations	Division of Co	orporations
P.O. Box 632	1	The Centre of	Lallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEVEL VI 2020 LLC

(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our i	records.)
(A Florida Dim	med chaomy company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on $\frac{03/09/2020}{1}$	and assigned
Florida document number L20000076335	•	The state of the s
Tiorida document fidinoci		Section 1
This amendment is submitted to amend the following:		はより
A. If amending name, enter the new name of the limited	liability company here:	
The amending matter the new matter of the minted	numity company nere.	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	
(Principal office address MUST BE A STREET ADDRESS	<u>s)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off	fice address on our records. o	enter the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
<u> </u>		
New Registered Office Address:	Enter Florida street	addrae.
	i,mer i tortati streett	auto ess
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Ag	<u>tent:</u>	

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
MBR	AMELIA C. CHACIN	4700 NW 107TH AVENUE	■Add
		SUITE # 606	□Remove
		MIAMI, FLORIDA 33178	□ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
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ffective da	ite, if other th	an the date	of filing: _	anot be prior	to date of f	ling or more	(o han 90 days a	otional) fter filing.) Pur	suant to 605.02
Note: If the	date inserted in effective date o	i this block do	es not meet	i the applic	cable statut	ory filing re	quirements.	this date will	not be listed:
record spec	ifies a delayed	effective date	, but not an	effective t	ime, at 12:	01 a.m. on t	he earlier of	(b) The 90	th day after th
d is filed.									

Typed or printed name of signee

ANDRES LEVEL