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A. BUTLER OCT - 6 2022

## **COVER LETTER**

LEVCORP	LLC.		
SUBJECT:	Name of Limite	d Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	itted for filing.	
Please return all correspo	ndence concerning this matter to	the following:	
	Matthew Levin		
		Name of Person	
	LEVCORPLLC		
		Firm/Company	<del></del>
	3832 Cassia Dr		
		Address	
	Orlando FL 32828		
	MIsellsrealestate@gmail.com	City/State and Zip Code	<del></del>
	E-mail address: (to	be used for future annual report notifi	cation)
For further information c	oncerning this matter, please cal	l:	
Matthew Levin	,	321 557-8017	
		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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

'TO:

Registration Section **Division of Corporations** 

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED

2022 JUL -5 PH 3: 30

LEVCORP LLC.

(Name of the Limited (A	Liability Compa Florida Limited	ny as it now appears on our records Liability Company)	OF STATE
The Articles of Organization for this Limited Liab Florida document number	oility Company	were filed on	and assigned
This amendment is submitted to amend the follow	ring:		
A. If amending name, enter the new name of t	h <u>e limited liab</u>	pility company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:	14568 Michener Tr	
(Principal office address MUST BE A STREET ADDRESS)		Orlando FL 32828	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		14568 Michener Tr	
		Orlando FL 32828	
B. If amending the registered agent and/or regagent and/or the new registered office address		address on our records, enter t	the name of the new regis
Name of New Registered Agent:	Matthew Levin	AMBR	
New Registered Office Address:	14568 Michene	Enter Florida street address	
	Orlando		32828 orida

## 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

Zip Code

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>	Name	<u>Address</u>	Type of Action
AMBR	Mark Levin	772 Bantry CT	
		Merritt Island FL, 32953	■Remove
		<u></u>	<u> </u>
			□Change
AMBR	Matthew Levin	14568 Michener Tr	<b>/−</b>
		Orlando, FL 32828	
		Ondido, (1852020	□Remove
			Change
		· <del></del>	□Remove
			□Change
			□Add
			□Remove
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			□Remove
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			□Remove
			□ Change

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	(optional) in 90 days after filing.) Pursuant to 605.020 irrements, this date will not be listed as
	earlier of: (b) The 90th day after the
June 30 2022	
ated	
Maria VI	
Signature of a member or authorized representative of a	
Matthew Levin	nember