L20000306895



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COVER LETTER

Division of Corporation	18		
SUBJECT: Leve 1 C	Name of Limited	L L C d Liability Company	
The enclosed Articles of Amendm	nent and fee(s) are submi	tted for filing.	
Please return all correspondence c	concerning this matter to	the following:	
3	evel Up 1415 W.	Name of Person Tiling, LL Firm/Company Canping Address	ton St
T	ampa, 1	FL 336	11
Le	ve l Up Til E-mail address: (to)	City/State and Zip Code LLC G G be used for future annual report no	mail. Cons
For further information concerning	g this matter, please call:	:	
Danie (R. Name of Person	Tenney	at (<u>813</u>) 6 48 Area Code Daytin	re Telephone Number
Enclosed is a check for the follow	ring amount:		
-	0.00 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

TO:

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 OF

Level Up Tiling LLC

(Name of the Limited Liability Compa (A Fforda Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L20000 306 895</u> .	were filed on $9/29/2020$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab Leve Lup Tiling & Con. The new name must be distinguishable and contain the words "Limited Liabil	struction LLC
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	MA
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NA
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent: New Registered Office Address:	NA Enter Florida street address

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 Changing Registered Agent, Signature of New Registered Agent

. Florida ___

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	Address	Type of Action
AMER	Elizabeth M Tenney	3415 W. Carrington	St. DAdd
	Tenney	3415 W. Carrington Tampa, FL 33611	Z Remove
		 	□Change
			🗆 Add
			□Remove
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			□Remove
			©Change
			□Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			□ Change

If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A-
	- 1/4
(If an o Note	effective date, if other than the date of filing:
the rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	10/25/24 2012 MGRM
	Signature of a member or authorized representative of a member
	Dantel R Tenney MGRM Typed or printed name of signee