LZC 000 364 894

(Requestor's Name)
(Address)
(Address)
(localoss)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(00000000000000000000000000000000000000
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





300365436243

05/07/21--01017--003 +*25.00

1 1 1 0

COVER LETTER

TO: Registration S Division of Co			
SURJECT: Level	led Tractor Se	rvices LLC	
		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	ζ,
	Jack Suit	Name of Person	
		Name of Person	
	Leveled Tra	ctor Services Ll	- C ,
		Firm/Company	
	lloo underhil	Lave Se Address	
	Palm bay, F	City/State and Zin Code	
	Jacksuiter 94 E-mail address: (1	City/State and Zip Code City/State and Zip Code Guide Guid	fication)
For further information of	concerning this matter, please ca		
Ciara Tea	rdo	at (32) So - 8	3900
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he 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 Addres		Street Address:	
Registration S Division of C		Registration Sec	
P.O. Box 632	•	Division of Cor The Centre of T	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Leveled Tractor services L	Lc.	
Leveled Tractor Services L (Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L2000364894</u> .		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	1849 canova st.	SE
Principal office address MUST BE A STREET ADDRESS)	Palm bay, FL 3	2909
Enter new mailing address, if applicable:	1849 Canova St.	SE.
Mailing address MAY BE A POST OFFICE BOX)	Palm bay, FL 32	969
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	-0 11 24
· · · · · · · · · · · · · · · · · · ·	City	Zip Code ·
for Designand Americ Constant of thereing Designand Americ		6.7

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.

New Registered Agent's Signature, if changing Registered Agent:

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>Title</u>	Name	Address	Type of Action
mgr	Jack Suiter	1100 underhill ave se	&Add
		Palm bay, FL 32909	□Remove
			□Change
			□Add
			□Remove
			□Change
		 	□ Add
			□Remove
		-	☐ Change
			🖸 Add
			□Remove
			□Change
			🗆 Add
			🗀 Remove
			□Change
			□Add
			□Remove
			□Change

if an e Note:	tive date, if other than the date of filing:
ne reco	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.
Dated	5-1-2021
	Ciara Turals Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member Ciara Tear do
	A. — .

Filing Fee: \$25.00