L21000087091

(Requestor's Name)	
(Address)	30036
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
	05/10/21
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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COVER LETTER

Division of Cor				
current , L	-EVEL 10 (CLOSINGS, ted Liability Company	LLC	
SORTECT:	Name of Limi	ted Liability Company		
The englased Articles at	Amendment and fee(s) are sub-	witted for filing		
Please return all correspo	ndence concerning this matter t	to the following:		
	Victoria	Martivez Name of Person		
	LEVEL 10	CLOSTNGS, C	LC	
		Firm Company		
	15936	SW 137th,	Avenue	
	·	Address		
	Mian	mi, FL 33/7. City State and Zip Code sictoria @ gmail.	7	
		City State and Zip Code		
	miabella. V	ictoria @gmail.	com	
	E-mail address: (t	o be used for future annual report no	etification)	
For further information co	oncerning this matter, please ca	dk:		()
Victoria N	1altirez	at (305) 80	1-1985 Emer Telephone Number	(i)
Name of	Person	Area Code Dayt		.]
Enclosed is a check for th	e following amount:			. 77
S25.00 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)	J
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration S	Section	
Division of C		Division of C		
P.O. Box 632	=	The Centre of	-	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEVEL 10 CLOSINGS, LLC

(<u>Name of the Limited Liability Compan</u> (A Florida Limited L	ov as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L2/000087091</u> .	were filed onand assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	15936 SW 137th Avenue Miami, FL 33177
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	15936 SW 137th Avenue Miami, FL 33177
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	lictoria Martinez 🗏 🗓
New Registered Office Address:	City Citoria Martinez [1] 1936 SW 137th Average Enter Florida street address 110mi Florida 33177
	City Florida Ziprode

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

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

Type of Action Address Name <u>Title</u> MGR Hazel Solis Roigs 3/05 NW 107 Ale, Ste 400 Add

Doval, FL 33 172 Kremove 15936 SW 137th Avenue Made MEIR Victoria Martinez Miami, FL 33177 _ Remove _____ □Remove _____URemove

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an effective date is list ote: If the date ins	ther than the date ted, the date must be sp erted in this block do date on the Departi	secific and canno oes not meet th	ne applicable si			filing.) Pu	
	elayed effective date	, but not an ef	fective time, at	12:01 a.m. on t	he earlier of: (b) The 90)th day after t
l is filed.	19+	,	rel	-			