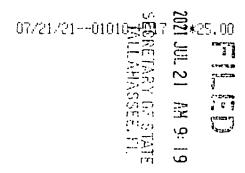
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: LEVEL / Up Or Name of Limited	DOCITU MONAGEMENT U
The enclosed Articles of Amendment and fee(s) are submit	tted for filing.
Please return all correspondence concerning this matter to	the following:
Tiffany	Name of Person
	Firm/Company
_ 601 21st S	T StC 300 Address
vero Beach	FL 30-960 City/State and Zip Code
Info (p) 101/1 E-mail address: (io F	e used for future annual report notification)
For further information concerning this matter, please call:	
Name of Person	at (777) 217 94()() Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\frac{1}{2}\$\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$	□ \$55.00 Filing Fee & □ \$60.00 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	Street Address: Registration Section

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

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

(A Florida Liability Company)

(Name of the Limited Liability Company)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Florida document number L 2100019092	Company were filed on $\frac{4123}{21}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the line Level 'd up property of the new name must be distinguishable and contain the words "Level".	erties LLC	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		202 SE
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		AHASSEE FL
B. If amending the registered agent and/or register agent and/or the new registered office address here		ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	". C. I
N N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Cuy	Zip Code

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

<u>Title</u>	<u>Name</u>	Address	Type of Actio
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Effective date, if other than the o	lata of filing	n•			_ (optional)		
(If an effective date is listed, the date must Note: If the date inserted in this blo	be specific and	I cannot be price	or to date of filin	g or more than 90	lavs after filing.) Pr	irsuant to	605.0207 (
document's effective date on the Dep	partment of S	state's record	5.	ming requirem	ones, this date wi	ii not oc	nsted as t
he record specifies a delayed effective ord is filed.	date, but not	an effective	time, at 12:01	a.m. on the earli	er of: (b) The 9	0th day	after the
Dated JULY 19th	,	202	<u>. </u>				
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