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Certified Copies	_ Certificates	of Status
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2021 SEP 16 AM 9: 36

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Division of Corporations

September 19, 2021

LEVENT DELIBAS 8000 US HWY 27 S SEBRING, FL 33875

SUBJECT: LEVOSS LLC Ref. Number: L21000347062

We have received your document for LEVOSS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6842.

Deborah Bruce Corporate Records Supervisor II 2021 SEP 16 AM 9: 36

Letter Number: 321A00022599

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Divi	ision of Cor	porations		
OURINGE	LEVOSS L	LC		
SUBJECT:		Name of Lim	nited Liability Company	
The enclosed	l Articles of .	Amendment and fee(s) are sub	omitted for filing.	
		ndence concerning this matter		
	•	·		
		LEVENT DELIBAS		
	Name of Person			
		LEVOSS LLC		
Firm/Company			Firm/Company	
8000 US HWY 27 S				
Address				
SEBRING FLORIDA 33875				
			City/State and Zip Code	
		michaelq@roofcore.com		707
		E-mail address; ((to be used for future annual report notification)	24/37/3/4/3/12/17/19/2/12/17/19/2/12/17/19/2/12/17/17/2/12/12/12/17/19/2/12/17/19/2/12/17/2/12/17/2/12/17/2/12/17/2/12/17/2/12/17/2/12/17/2/12/17/2/12/17/2/12/17/2/12/17/2/12/17/2/12/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/17/2/1/2/1
For further in	nformation c	oncerning this matter, please c	all:	
LEVENT D	ELIBAS		863 4410050 at ()	
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing : Certified Copy Certificate of (additional copy is enclosed) Certified Cop (additional copy	Status & y
Ма	iling Addres	· ·	Street Address:	
Mailing Address: Registration Section			Registration Section	
Division of Corporations			Division of Corporations	
P.O. Box 6327		:7	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEVOSS LLC		
(<u>Name of the Limited Liability</u> (A Florida Li	Company as It now appears on our mited Liability Company)	records.)
The Articles of Organization for this Limited Liability Conficing document number <u>L21000347062</u>	mpany were filed on $\frac{8/2/2021}{}$.	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET ADDRE	<u> </u>	2011 SEP
Enter new mailing address, if applicable:		H
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered of	office address on our records,	enter the name of the new registere
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		, Florida
	City	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 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 Action
MGR	MURAT A. AYDEMIR	41 SE 5TH STREET	≣Add
		#317	[]Remove
		MIAMI FLORIDA 33131	[]Change
MGR	MRANT ABDULKAIR AYDEMII	41 SE 5TH STREET	□Add
		#317	■ Remove
		MIAMI FLORIDA 33131	□Change
			□Remove
			20 ≥ Change
			SEP add
			Remove 7
			— □Remove J
			🗆 Add
			Remove
			☐ Change
			□Add
			□Remove
			Change

Typed or printed name of signee