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SECRETARY OF STATE

2022 OCT -6 PM 4: 2

COVER LETTER

.

TO:	Registration Sec Division of Corp			
SHRII	ECT: LEVEL 3 I	T LLC		
OBJI		Name of Limi	ted Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Eric Downing		_
			Name of Person	
		Level 3 IT LLC		
			Firm/Company	
		4204 White Kestrel Drive		
			Address	
		Raleigh, NC 27616		
			City/State and Zip Code	SEC SEC
		eric@level3itcorp.com	10.00	
For fu	rther information c	E-mail address: (to be used for future annual report noti	SECRETARY OF STATE of Telephone Number
Eric I	Downing		at (786) 4317918	THO F.
	Name o	f Person	Area Code Daytim	e Telephone Number 777 22
Enclos	sed is a check for th	ne following amount:		
= \$2	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 Address Registration States Division of CP.O. Box 632 Tallahassee.	Section Corporations 27	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEVEL 3 IT LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 4/25/2022 _____ and assigned Florida document number L22000195467 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 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.

Cin

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
AMBR	Eric Downing	781 NW 66th Avenue, Plantation, FL 33317	≣ Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
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			SECRETARY OF STATE REMove
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Effecti	tive date, if other than the date fective date is listed, the date must be sp	of filing:	be prior to date of fi	ing or more than 90 c	_ (optiona		o 605 0207
Note:	If the date inserted in this block donent's effective date on the Departn	oes not meet the	: applicable statuto	ry filing requirem	ents, this da	ite will not be	e listed as
e recor rd is fi	rd specifies a delayed effective date iled.	, but not an effe	ective time, at 12:0	l a.m. on the earli	er of: (b)	The 90th day	after the
Dated	0c+3	1.2	022.				
	- Constant	ture of a member	or/authorized repres	entative of a membe	r'		_
	Eric						

Filing Fee: \$25.00