

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from account: 120210000160 Amount: paid \$55.00

Authorization Signature *[Signature]*
LEVEL UP HOMESCHOOL LLC L22000367848
Business Name Document #

Walk in _____ Pick up time _____

_____ Mail out _____ Will wait

_____ Photocopy

Certified Copy (s)

_____ **Certificate of Status**

NEW FILINGS

- _____ Profit
- _____ Not for Profit
- _____ Limited Liability
- _____ Domestication
- _____ Other
- _____ **CORP**
- _____ LLLP

AMMENDMENTS

- Amendment**
- _____ Resignation of R.A. or Officer/Director
- _____ Change of Registered Agent
- _____ Revocation of Dissolution
- _____ Merger
- _____ **Conversion**
- _____ Articles of Conversion
- _____ Resignation

OTHER FILINGS

- _____ Annual Report
- _____ Fictitious Name
- _____ **ARTICLES OF CORRECTION**

REGISTRATION/QUALIFICATIONS

- _____ Foreign filing
- _____ Limited Partnership
- _____ Reinstatement

_____ APOSTIL () _____ Other
Country

EXAMINER'S INITIALS: _____

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Please use funds from account: I20210000160 Amount: paid \$55..00

Authorization Signature James Gull

LEVEL UP HOMESCHOOL LLC () L22000367848

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LEVEL UP HOMESCHOOL, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIA VALENT
Name of Person

LEVEL UP HOMESCHOOL, LLC
Firm/Company

7321 SABAL DR
Address

MIAMI LAKES, FL 33014
City/State and Zip Code

Mvalent429@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA VALENT at (786) 488-7252
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
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**

FILED

2022 OCT -6 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FL

LEVEL UP HOMESCHOOL, 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 08/20/22 and assigned Florida document number L22000367848.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7321 SABAL DR

MIAMI LAKES, FL 33014

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7321 SABAL DR

MIAMI LAKES, FL 33014

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:

7321 SABAL DR

Enter Florida street address

MIAMI LAKES

Florida 33014

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 Changing Registered Agent, Signature of New Registered Agent

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated SEPTEMBER 30, 2022

Maria Valent
Signature of a member or authorized representative of a member

MARIA VALENT

Typed or printed name of signee

Filing Fee: \$25.00