

10/19/22, 1:05 PM

Division of Corporations

Florida Department of State

Division of Corporations
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Email Address: tonssoftile@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LEVEL 521 LLC**

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W. KUMBLEY

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COVER LETTER

TO: Registration Section
Division of Corporations

LEVEL 521 LLC

SUBJECT: _____
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:

GRETA KUSTERBECK

Name of Person

LEVEL 521 LLC

Firm/Company

880 182nd Avenue E.

Address

Redington Shores, FL 33708

City/State and Zip Code

tonsoftile@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donald R. Hall, Esquire

727

799-2625

Name of Person

at (_____
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$25.00 Filing Fee	<input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LEVEL 521 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 September 12, 2022 and assigned Florida document number L22000398697.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

N/A

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 Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	GRETA KUSTERBECK	880 182nd Avenue East	<input type="checkbox"/> Add
		Redington Shores, FL 33708	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	NIGEL MILLIGAN	880 182nd Avenue East	<input type="checkbox"/> Add
		Redington Shores, FL 33708	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
		N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
		N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
		N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
		N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Greta Kusterbeck shall be the manager of the LLC; Greta Kusterbeck and Nigil Milligan are

both members of the LLC.

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 10-19-22, 2022

Signature of a member or authorized representative of a member

Greta Kusterbeck

Typed or printed name of signee

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Filing Fee: \$25.00