L22000516375

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	 -
(Document Number)	
Certified Copies Certificates of Sta	itus
Special Instructions to Filing Officer:	· ,]
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2823 JAN - 5 PM 3: 51 Secretary of State

COVER LETTER

TO:	Registration : Division of Co		·	` .
CI ID IE		UP MEDIATION, P.L.L.C.		
SUBJE	CI:	Name of Lin	ited Liability Company	· -
The enc	losed Articles o	of Amendment and fee(s) are sub	omitted for filing.	
Please n	eturn all corresp	pondence concerning this matter	to the following:	
		Leah LeVeil		
			Name of Person	
		LeVelL Up Mediation, PL	ıc	
			Firm/Company	
		6210 4th Ave S		
			Address	
		St. Petersburg, Florida 337	707	
			City/State and Zip Code	
		leahlevell@gmail.com	to be used for future annual report not	(day)
For furt	her information	concerning this matter, please of		incance)
Leah Le	eVell		770 3750967	
	Name	of Person	at () Area Code Daytim	ne Telephone Number
Enclose	d 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 Addr Registration		<u>Street Address:</u> Registration Se	ection
		Corporations	Division of Con	
	P.O. Box 63		The Centre of	
	Tallahassee	, rl 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEVELL UP MEDIATION, PLL.C.					
(Number of the Limited I	Lability Company as Florida Limsted Labil	и почет выправа на стат г ту (Соптрава)	reacts.)	_	
The Articles of Organization for this Limited Liabil	lity Company were	filed on December 8	, 2022 and	esigned	
Florida document number 1.22000516375	·				
This amendment is submitted to amend the following	ng				
A. If amending name, enter the new name of the	e Harited Bability	company bere:			
LEVELL UP LEGAL, P.L.L.C		T she designation	TIC or the abbreviation	LLC	
The new name must be distinguishable and contain the words	"Limited Linkshity Co	empany, the carego			
Enter new principal offices address, if applicable					
(Principal office address MUST BE A STREET A	<u>IDDRESS)</u>				
			TAL.	923	
Enter new mailing address, if applicable:			>	A	
(Mailing address MAY BE A POST OFFICE BO)	<u>xo</u>		>	-5	
			S C		
B. If amending the registered agent and/or regis	stered office addre	se og our records, g	after the name of the		
agent and/or the new registered office address he	<u>ar</u> :			5	
Name of New Registered Agent:			<u> </u>		
New Registered Office Address:		Enter Florida street	odires		
			. Fiorida		
-		lty .	Zp (ode	

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, Streature 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 Action
	***************************************		□Add
			□Remove
			☐ Change
		<u></u>	□Add
			□Remove
			□Add
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			□Remove
		<u></u>	□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change



Page 2 of 3

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
Mective	e date, if other than the date of filing:
<u>ote:</u> If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed it's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie Oth day after the record is filed.
ated	ovember 14, 2023
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00