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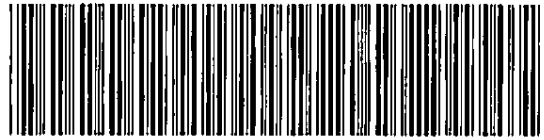
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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LEVELL UP MEDIATION, P.L.L.C.

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:

Leah LeVell

Name of Person

LeVell Up Mediation, PLLC

Firm/Company

6210 4th Ave S

Address

St. Petersburg, Florida 33707

City/State and Zip Code

leahlevell@gmail.com

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

For further information concerning this matter, please call:

Leah LeVell

770 3750967
at ()

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

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MGR = Manager
AMBR = Authorized Member

[illegible]

