L23000157888

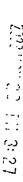
(Requestor's Name)
(Address)
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(1881833)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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COVER LETTER

TO:

TO: Registration Se Division of Cor				
	LEV LEVTOV LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	VLADIMIR TSUKROV			
		Name of Person		
	LEV LEVTOV LLC			
		Firm/Company		
	110 North Prospect Dr.			
		Address		
	Coral Gables, Fl 33133			
		City/State and Zip Code		
	vtsukrov1968@gmail.com	to be used for future annual report no	atification)	
For further information c	oncerning this matter, please ca			
Renee M Smith		866 839-1192 at ()		
Name o	f Person	Area Code Dayti	me Telephone Number	
Enclosed is a check for the	ne 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		Street Address:	action	
Registration Section Division of Corporations		Registration S Division of Co		
P.O. Box 632	27	The Centre of	The Centre of Tallahassee	
Tallahassee, I	FL 32314	2415 N. Monr	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEV LEVTOV LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on 03/29/2023	and assigned
orida document number L23000157888		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	oility company here:	
te new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or	r the abbreviation "L.L.C."
nter new principal offices address, if applicable:	110 North Prospect Dr.	دم:
rincipal office address MUST BE A STREET ADDRESS)		133
media office united mode be not mode in the mode		ČÖ *V
	,_	20
nter new mailing address, if applicable:	110 North Prospect Dr.	ĽĠ ·
ter new mailing address, if applicable: ailing address MAY BE A POST OFFICE BOX)	Coral Gables, Fl 33133	င္မာ
. If amending the registered agent and/or registered office ent and/or the new registered office address here:	address on our records, <u>enter th</u>	e name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori , Flori	da 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

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
MGR	NATALIA TSUKROV	HANA RUBINA STREET 11 APT 13	□Add
		HERZLIYA 44673304 IL	□Remove
			≘ Change
			□Add
			Remove
			□Change
			□ Add
			□ Remove
			□Change
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			□Remove
			Change
			□Add
			□Remove
			□Change
	 -		□ Add
			□Remove
			□Change

		
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lf an effecti <u>Note:</u> If 1	date, if other than the date of filing:	207 i as
e record s rd is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t	the
	13 2023	
11	·	
Dated 11		
Dated	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00