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## **COVER LETTER**

	egistration Solvision of Co			
SUBJECT		LEVEN LLC		
SOBJECT	•	Name of Lin	nited Liability Company	<del></del>
The enclos	ed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
		ondence concerning this matter		
		Brandon Moreno		
			Name of Person	
		Layer Eleven		
			Firm/Company	<del></del>
		16261 SW 53rd Ter		
		-	Address	
		Miami, FL 33185		
			City/State and Zip Code	<del></del>
		amoreno71@comcast.net		
			to be used for future annual report not	tification)
hor further	information c	oncerning this matter, please c	all:	
Brandon N	loreno		786 566-7483	
	Name o	f Person		ne Telephone Number
Enclosed is	a check for th	ne following amount:		
<b>■</b> \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addres		<u>Street Address:</u> Registration Sc	vetion
Registration Section Division of Corporations		Division of Co		
	O. Box 632		The Centre of	l'allahassee
13	allahassee. I	·L 52314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAYER ELEVEN LLC		
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w	vere filed on 04/03/2023	and assigned
Florida document number 1.23000164902		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		24
Principal office address MUST BE A STREET ADDRESS)		
		3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		52
		·
3. If amending the registered agent and/or registered office adgent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	Idress on our records, enter th	e name of the new regist
	, 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 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	Christopher Nicolas Toussaint	673 W Weatherbee Road	<b>=</b> Add
		Fort Pierce, FL 34982	
			□Change
·	<del>.</del>		🗆 Add
			□Remove
			□Change
			□Add
			Remove
			□ Change
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Tective date, if other than the in effective date is listed, the date must ote: If the date inserted in this blooment's effective date on the Decument's	be specific and cannot be prior to sek does not meet the applica	o date of filing or more than ble statutory filing requir	(optional) 90 days after filing.) Pursuant to 6 rements, this date will not be l	505.0207 isted as (
record specifies a delayed effective is filed.	date, but not an effective tin	ne, at 12:01 a.m. on the e	arlier of: (b) The 90th day a	fter the
May 20	2024			
ated	<del></del>			
ated May 29 Brance	Con Moren Signature of a member or author	<u>-</u>		

Filing Fee: \$25.00