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	(Requestor's Name)
	(Address)
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	(City/State/Zip/Phone #)
PICK-UF	WAIT MAIL
	(Business Entity Name)
·····	(Document Number)
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COVER LETTER

TO: Registration So Division of Co			
SUBJECT:	Level U Name of Lin	o Investors LLC	
	Amendment and fee(s) are sub	~	
Trease retain an eonespe		rence L. Lewi	2
		Firm/Company	
	1700 NW	10th Avenue	
	Ft.Laud.	FL 33311 City/State and Zip Code	202° 110
	+ lewis 219 E-mail address: (r
For further information c	oncerning this matter, please c	all:	· · · · · · · · · · · · · · · · · · ·
Terence Name o	(. Lewis	at (954) 706 · 1	8545
Enclosed is a check for the	ne following amount:		
□ \$25.00 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 Addres Registration S Division of C	Section	Street Address: Registration Sec Division of Corp	
P.O. Box 632	7	The Centre of Ta	allahassee
Tallahassee, l	FL 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Co	Up Investors, mostry as it now appears on or ited Liability Company)	LL (
The Articles of Organization for this Limited Liability Comp Florida document number <u>L 23000+78810</u> .	pany were filed on OC +0	ber 18,70	23and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company here:	.ewMar	Solutions, L	.U
The new name must be distinguishable and contain the words "Limited L	iability Company," the designati	ion "LLC" or the abb	reviation "L.L.C."	
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDRESS	<u> </u>			
Enter new mailing address, if applicable:			26231	
(Mailing address MAY BE A POST OFFICE BOX)		<u></u>		
			2	
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records		e of the new registered	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida stre	et 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

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

Title	<u>Name</u>	Address	Type of Action
MGR	Chehesha K. Graham	1700 NW 10th Avenue	DZAdd
		Fort Laudordale, FL 333	II □ Remove
			Change
			□Add
			□Remove
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tive date, if other than the date of filing: ffective date is listed, the date must be specific and cannot be prior to date of filing.	
If the date inserted in this block does not meet the applicable statutor ment's effective date on the Department of State's records.	ry filing requirements, this date will not be liste
ord specifies a delayed effective date, but not an effective time, at 12:0	l a.m. on the earlier of: (b) The 90th day after
filed.	
d,	
T-C	
Signature of a member or authorized represe	entative of a member

Filing Fee: \$25.00