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(Čit	y/State/Zip/Phone	<i>⇒</i> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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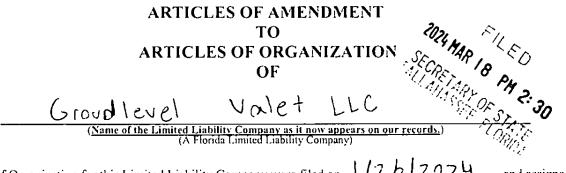
COVER LETTER

TO: Registration Section Division of Corporation				
SUBJECT: Gra	a Llevel V	alet LLC		
SUBJECT:	Name of Lim	nited Liability Company		
The enclosed Articles of Art	nendment and fee(s) are sub	omitted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
	Carson	Revels		
		Name of Person		
		Firm/Company		
	02			
	4513 Da	orget Dr Address		
	01/04/0	FL 3 City/State and Zip Code	7817	
	<u> </u>	City/State and Zip Cod	e ·	
	gloundleu	el. Valet @	imail.com	7
-	E-mail address: (to be used for future annu-	f report notification)	
For further information conc	erning this matter, please c	all:		
(acc a D a	ulal c		1 00 000	
Name of Pe	erson	at (<u>U() 1</u>)	Daytime Telephor	ne Number
Enclosed is a check for the f	ollowing amount:			
\$\$\$ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee	2 & D	\$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is e		Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:		· · · · · · · · · · · · · · · · · · ·	Address:	
Registration Sec			tration Section	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT



The Articles of Organization for this Limited Liability Company were filed on 1/26/2024 and assigned Florida document number LZ4000 50 2 34 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Groundlevel Uniet LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida __ City

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
AMBR	Marcus Johansson	9313 Dorset Dr. Orland FL 328	17 DAdd
			□Remove
			□Change
		<u></u>	🗆 Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
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			Change
			□Add
			□Remove
			C Channa

Note	effective date, if other than the date of filing:
the rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	d 3/11/2024
	(man Remb
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00