

L24 000 110993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

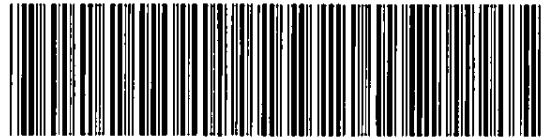
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2024 APR 26 PM 12:08

STATE  
OF FL

*Handwritten signature*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 8, 2024

LAUREN BRAUN  
7621 NE 7TH AVE  
MIAMI, FL 33138

SUBJECT: LEVELS MEDIA LLC  
Ref. Number: L24000110993

We have received your document for LEVELS MEDIA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Kiora Hester  
Regulatory Specialist II

Letter Number: 724A00007532

RECEIVED

APR 26 2024

2024 APR 26 PM 12:08  
TALLAHASSEE, FL  
FLORIDA DEPARTMENT OF STATE

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Levels Media LLC  
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:

Lauren Braun  
Name of Person  
Levels Media LLC  
Firm/Company  
7621 NE 7th Ave  
Address  
Miami FL 33138  
City/State and Zip Code  
Ldiamond12@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lauren Braun at (310) 351-4021  
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

2024 APR 26 PM 12:08

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

\_\_\_\_\_  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 3-4-24 2024 and assigned  
Florida document number L24000110993.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

\_\_\_\_\_  
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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:

Lauren Brown

New Registered Office Address:

7621 NE 7th Ave

Enter Florida street address

Miami

City

Florida

33138

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>	<u>Address</u>	<u>Type of Action</u>
AMBR/AP	LAUREN BRAUN	7621 NE 7TH AVE	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33138	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2024 APR 26 PM 12:04  
CLERK OF DISTRICT COURT  
MIAMI, FL

2024 APR 26 PM 12:09  
9-2010, AIF  
CALLAHAN, E. L.

FILED  
2024 APR 26 PM 12:09  
U.S. DISTRICT COURT  
NORTH DAKOTA  
FALLS, NORTH DAKOTA

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 4/19/24

Signature of a member or authorized representative of a member

Lauren Brown  
Typed or printed name of signer

**Filing Fee: \$25.00**