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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 153 LEVY RO LLC Some 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:
ATILLO PCERQUEIRA Name of Verson
153 Levy Rn LLC
95 N Ruscoe Blud
PONTE VEDAN BOH FL 32082-
E-mail address: (tybe used for future annual report notification)
For further information concerning this matter, please call:
ATILLO P CERQUEIRA at 904, 334-2983 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

200

	The state of the s
153 Levy F	RO LLC Y Company as it now appears on our records.) Limited Liability Company)
(A Florida I	Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on $1-22-2025$ and assigned
Florida document number <u>4250000 40093</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limit	ted 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 ADDRI	ESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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>	Name	Address	Type of Action
<u>AMBR</u>	Ryan N mahoney	8 MACKERAL ST POUTE VEDAR & BOL FL	¥Add 32082-
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ated	8-25 <u>M</u>	Signature of a	member or author	ized representative of	f a member	

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