M08000000908

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : I20020000094
Phone : (770)777-2091
Fax Number : (770)220-1943

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

LEVEL 5, LLC

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EXAMINER

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 1, 2008

LEVEL 5, LLC
100 HARTSFIELD CENTER,
SUITE 100
ATLANTA, GA 30354

SUBJECT: LEVEL 5, LLC
REF: M04000000908

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

FAX Aud. #: H08000225607
Letter Number: 808A00052170

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TALLAHASSEE, FLORIDA

P.O BOX 6327 – Tallahassee, Florida 32314

WRITTEN CONSENT TO ADOPT ALTERNATE NAME FOR USE IN THE STATE OF FLORIDA

We, the undersigned, do hereby certify that we are the Managers and/or Managing Members of LEVEL 5, LLC
(Name of Limited Liability Company)

a limited liability company duly organized and existing under the laws of Georgia
(State or Country of Organization)

Because the name of this foreign limited liability company does not satisfy the requirements of the s. 608.406, F.S., the limited liability company hereby adopts the following name to transact business in the state of Florida:

Level 5 GA, LLC
(Name to be used by limited liability company in Florida. NOTE: Name must end with Limited Liability Company, L.L.C., or LLC.)

Date: _____

Signature(s) of Manager(s) and/or Managing Member(s):

Joseph F. Kassler

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