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(Re	equestor's Name)	-
(Ac	ddress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Ви	usiness Entity Nar	me)
(Dc	ocument Number)	<u> </u>
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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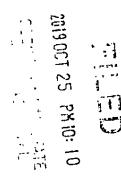


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COVER LETTER

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TO: Amendment Section Division of Corporations

NAME OF CORPORATION	N: <u>Levitet</u>	2 Family	Four	dation, Inc
DOCUMENT NUMBER: _		0008983	, <u> </u>	
The enclosed Articles of Amo	endment and fee are subn	nitted for filing.		
Please return all corresponde	nce concerning this matte	r to the following:		
Daniella	Joidan			
	Family Fau		inc.	
5300 Brake	en sound?	Blvd, NW,	Suit	e 110
Boca Pato	n, FL 331	87 (City/ State and Zip Cod		
_daniella.ja	Ma O Lyi mail address. (to be used	tctc family for future annual report	and a notification	mion ary
For further information conce				V
<u>Daniella</u>	Joidan Name of Contact Person)	at	561 · rea Code)	995 · 2036 (Daytime Telephone Number)
Enclosed is a check for the fo	llowing amount made pay			
\$35 Filling Fee	□\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	Certif Certif	0 Filing Fee icate of Status ied Copy tional Copy is used)
Mailing Ac	idress	Street	Address	

Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation

N100000 89 83 (Document Number of Corporation (if known)

A. If amending name, enter the new name of the co	orporation:	
name must be distinguishable and contain the word "c". "Company" or "Co." may not be used in the name.	corporation" or "incorporate	The new d' or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET ADD		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	DX)	
D. If amending the registered agent and/or registenew registered agent and/or the new registered	red office address in Florida office address:	, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:	ı (F	lorida street address)
_		, Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Reg thereby accept the appointment as registered agent.	gistered Agent: I am familiar with and accept	t the obligations of the position.
New Registered Agent's Signature, if changing Reg I hereby accept the appointment as registered agent.	<u>vistered Agent:</u> I am familiar with and accept	·

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

	·		
Example: X Change X Remove X Add		Doc : Jones : Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) Change Add Remove	VD	David Groomes	5300 Bloken sand block NW, suite 110 Back RATION, FL 33987
2) Change Add Remove	D _	Daniella Jordan	5300 Broken Sound blod NWI, Suite 110 BOCA PATCA, FL 33487
3) Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

amending or adding additional Art tach additional sheets, if necessary).	(Be specific)					
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The date of each amendment(s) addate this document was signed.	option:	if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	-
Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applicable statutory filing requirements, this date will partment of State's records.	not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were ac was/were sufficient for approve	dopted by the members and the number of votes cast for the amendment(s) il.	
There are no members or members adopted by the board of directors	pers entitled to vote on the amendment(s). The amendment(s) was/were prs.	
Dated/C	1/17/2019 Cuful	
Signature	lufut -	
(By the chair have not be	man or vice chairman of the board, president or other officer-if directors en selected, by an incorporator – if in the hands of a receiver, trustee, or appointed fiduciary by that fiduciary)	
A _c	(Typed or printed name of person signing)	
	(Typed or printed name of person signing)	
	Overtor, VP, Secretary & Treasures (Title of person signing)	_
	() are or berson signmig)	