

N15000002575

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

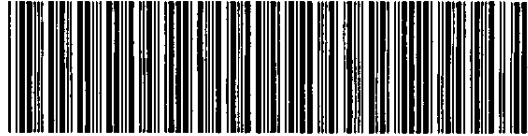
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 13, 2015

EDWIN GONZALEZ  
THE LEVI PROJECT COMMUNITY, INC  
5121 EHRLICH ROAD, SUITE 101-D  
TAMPA, FL 33624

SUBJECT: THE LEVI PROJECT COMMUNITY, INC.  
Ref. Number: N15000002575

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The incorrect form was submitted. Please complete form pursuant to a Florida Not for Profit Corporation, section 617.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6838.

Cheryl R McNair  
Regulatory Specialist II

Letter Number: 715A00017134

*Last page is new.  
Laurie Lindsey  
(813) 892-3345*

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TAMPA, FL 33624

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** The Levi Project Community, Inc

**DOCUMENT NUMBER:** N15000002575

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Edwin Gonzalez

Name of Contact Person

The Levi Project Community, Inc

Firm/ Company

5121 Ehrlich Road, suite 101-D

Address

Tampa, FL 33624

City/ State and Zip Code

ED@BIG-CU.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ed Gonzalez

at ( 813 ) 205-1474

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|--|--|--|--|

**Mailing Address**

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

**Street Address**

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

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Articles of Amendment  
to  
Articles of Incorporation  
of

The Levi Project Community, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State)

115000002575

(Document Number of Corporation (if known))

15 SEP - 8 PM 5:54  
FILED

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

*The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.*

B. Enter new principal office address, if applicable:  
(Principal office address MUST BE A STREET ADDRESS)

5121 Ehrlich Road

Suite 101-D

Tampa, FL 33624

C. Enter new mailing address, if applicable:  
(Mailing address MAY BE A POST OFFICE BOX)

SAME

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent: \_\_\_\_\_

(Florida street address)

New Registered Office Address:

\_\_\_\_\_, Florida \_\_\_\_\_  
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.*

\_\_\_\_\_  
Signature of New Registered Agent, if changing

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                      PT      John Doe  
  
X Remove                      V      Mike Jones  
  
X Add                              SV      Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <u>X</u> Change ____ Add ____ Remove	<u>PD</u>	<u>Edwin Gonzalez</u>	(change of address and remove T) <u>4004 Bangalow Palm Court</u> <u>Tampa, FL 33624</u>
2) <u>X</u> Change ____ Add ____ Remove	<u>T</u>	<u>Thomas Stacy</u>	(change of address and change D to <u>T</u> ) <u>9783 Moss Rose Circle</u> <u>Highlands Ranch, CO 80129</u>
3) <u>X</u> Change ____ Add ____ Remove	<u>S</u>	<u>Elliot Cotto</u>	(change of address) <u>219 Savannah Ridge Dr</u> <u>Murfreesboro, TN 37127</u>
4) <u>X</u> Change ____ Add ____ Remove	<u>D</u>	<u>John Best</u>	(change of address) <u>14615 River Oaks Drive</u> <u>Colorado Springs, CO 80923</u>
5) ____ Change ____ Add ____ Remove	____	____	____ ____ ____
6) ____ Change ____ Add ____ Remove	____	____	____ ____ ____

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no text or other markings on the paper.

The date of each amendment(s) adoption: \_\_\_\_\_, if other than the date this document was signed.

Effective date if applicable: \_\_\_\_\_  
(no more than 90 days after amendment file date)

**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.

Adoption of Amendment(s) (CHECK ONE)

☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 7-7-15

Signature Edwin Gonzalez  
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Edwin Gonzalez  
(Typed or printed name of person signing)

President  
(Title of person signing)