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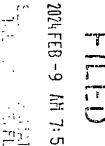
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COVER LETTER

TO: Amendment Section Division of Corporations
NAME OF CORPORATION: LEVEL UP HOME MONTKOGNE INC. DOCUMENT NUMBER: P170000 34955
DOCUMENT NUMBER: P/70000 34 9555
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Contact Person LEVEL UP Home mantages In
Name of Contact Person LEVEL UP Home Mantanes In Firm/ Company 2945 Orange Trac d1. Address Edgewoter fl 32141 City/ State and Zip Code
City/ State and Zip Code LEVEL Sp. Home Montages o Grant con E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tohn W. 1600 at (386) 402 2091 Name of Contact Person Area Code & Daytime Telephone Number
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:
S35 Filing Fee Certificate of Status Certified Copy (Additional copy is enclosed) S43.75 Filing Fee & S52.50 Filing Fee Certificate of Status (Additional copy is enclosed)
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to

	Article	s of Incorporation		
	I	of		F//
1 EVEL UP	Home,	Maintena	AS IAC.	
(Name of	Corporation as c	urrently filed with	the Florida Dept. of	State) 2024 FEB -9
P17000	00 -24	955	n (if known)	÷ ,
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Document Nu	mber of Corporatio	n (if known)	le, ' '
Pursuant to the provisions of section 607.10 its Articles of Incorporation:	006, Florida Statut	es, this <i>Florida Pro</i>	fit Corporation adopts	s the following amendmen
A. If amending name, enter the new name	ne of the corporal	tion:		
name must be distinguishable and contain to "Inc" or Co.," or the designation "Co	rp." "Inc," or "C	Co", A profession	r "incorporated" or nal corporation name	The new he abbreviation "Corp.," must contain the word
"chartered," "professional association," o	r the abbreviation	<u></u>	1.0	
B. Enter new principal office address, if		• • • • • • • • • • • • • • • • • • • •		i Trea Dr.
(Principal office address MUST BE A STI	<u>REET ADDRESS</u>	1 Edg	EWOTER 1	fc
				32141
C. Enter new mailing address, if application (Mailing address MAY BE A POST O.)		294	15 Olange	Trek Dr
		<u> Ed</u>	ENORY	<u> </u>
				32141
D. If amending the registered agent and new registered agent and/or the new			da, enter the name o	<u>f the</u>
	_	Wilbur		
Name of New Registered Agent	2945	Oranas	Trea 1	٥.
-	(Fle	orida street address)		
New Registered Office Address:	adça	Water. (City)	Flo	orida <u>f C</u> (Zip Code)
		• •		•
New Registered Agent's Signature, if cha	anging Registered	Agent:		
I hereby accept the appointment as register	ed agent. I am fa	miliar with and acc	ept the obligations of	the position.
		01.0		
		// / (つる	

Signature of New Registered Agent, if changing

Check if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

X Change	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>v</u>	Mike Jo	nes	
X Add	<u>sv</u>	Sally Sn	n <u>ith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		_		
Add				
Remove				
2) Change				
Add				
Remove 3) Change				
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

_	dditio	nal sheets	, if necessa	rs). (t	s, enter change Be specific)				
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an ar	<u>nendn</u>	ient prov	ides f <u>or an</u>	exchan	ge, reclassific	ition, or can	cellation of issu	ed shares.	
rovis	ions fo	or implen	nenting the indicate N	amend	ment if not co	ntained in th	e amendment i	<u>seir:</u>	
(1)	ног ар	унсате,	maicate 197	<i>A</i>					
				_					
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				_		184			

The date of each amendment(s) adoption: date this document was signed.	2/1/2024	, if other than the
_	2/1/2024	
Effective date if applicable:	(no more than 90 days after amendme	ent file date)
Note: If the date inserted in this block doe document's effective date on the Departmen	es not meet the applicable statutory filing	requirements, this date will not be listed as the
Adoption of Amendment(s)	CHECK ONE)	
☐ The amendment(s) was/were adopted by action was not required.	the incorporators, or board of directors with	hout shareholder action and shareholder
The amendment(s) was/were adopted by by the shareholders was/were sufficient to		t for the amendment(s)
☐ The amendment(s) was/were approved by must be separately provided for each vot	y the shareholders through voting groups. 'iting group entitled to vote separately on the	
"The number of votes cast for the a	mendment(s) was/were sufficient for appro	oval
by		."
	(voting group)	
Dated 2/1/p	2024	
Signature	Kree	
selected, by an i	president or other officer – if directors or of incorporator – if in the hands of a receiver, iary by that fiduciary)	
	John wilbur	
	(Typed or printed name of person signir	
	Presidant	
	(Title of person signing)	