## P94000025706

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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	PRATION: LEVEL LINE INT	TERIORS, INC.			
	BER:				
The enclosed Article	s of Amendment and fee are su	bmitted for filing.			
Please return all corr	espondence concerning this ma	tter to the following:			
	DON SCHOENBERG				
	Name of Contact Person				
	LEVEL LINE INTERIORS, INC				
		Firm/ Company	-		
	329 TALLAHASSEEDR NE				
	Address				
	SAINT PETERSBURG, FL. 33702				
		City/ State and Zip Code	<del></del>		
	LEVELINEINC@AOL.COM	4			
	**	sed for future annual report	notification)		
For further informati	on concerning this matter, please		501-2548		
Name of Contact Person		at (727 ) 501-2548  Area Code & Daytime Telephone Number			
Enclosed is a check t	or the following amount made	payable to the Florida Depa	rtment of State:		
S35 Filing Fee	S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	■\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
Mailing Address Amendment Section Division of Corporations		Amend	Address ment Section n of Corporations		
P.O. Box 6327		The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## Articles of Amendment to Articles of Incorporation of

LEVEL LINE INTERIORS, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P94000025706 (Document Number of Corporation (if known) Pursuant to the provisions of section 607,1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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) \_, Florida New Registered Office Address: 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

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.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
1) X Change	VP, S	STEPHANIE SCHOENBERG	329 TALLAHASSEE DR NE
Add			SAINT PETERSBURG, FL. 3370.
Remove			
2) Change			
Add			
Remove Change			
Add			
Remove			
4) Change		_	
Add			
Remove			<del></del>
5) Change		_	
Add			
Remove			
6) Change		<del></del>	
Add			
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)
STEPHANIE SCHOENBERG WILL NOW HOLD 51% OWNERSHIP IN LEVEL LINE INTERIORS, INC.
DON SCHOENBERG WILL HOLD 49% OWNERSHIP IN LEVEL LINE INTERIORS, INC.
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)
CHANGE OF OWNERSHIP FROM DON SCHOENBERG 100% TO 49%, STEPHANIE SCHOENBERG WILL HOLD
51% OF OWNERSHIP OF LEVEL LINE INTERIORS, INC.

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	block does not meet the applicable statutory filing requirements. Department of State's records.	this date will not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were action was not required.	dopted by the incorporators, or board of directors without sharehold	der action and shareholder
☐ The amendment(s) was/were ac by the shareholders was/were	lopted by the shareholders. The number of votes cast for the amer sufficient for approval.	ndment(s)
	oproved by the shareholders through voting groups. The following or each voting group entitled to vote separately on the amendment	
"The number of votes car	st for the amendment(s) was/were sufficient for approval	
by	, r	
	(voting group)	
select	director, president or other office—if directors or officers have not ed, by an incorporator—if in the hands of a receiver, trustee, or other officers by that fiduciary)	ot been her court
	DON SCHOENBERG	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	