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July 29, 2021

STUART A. HEATON 201 E. PINE STREET SUITE 200 ORLANDO, FL 32801

SUBJECT: ELEVATION DESIGN & REVITALIZATION, LLC

Ref. Number: L08000028337

DECLINED: ELEVATION DEVELOPMENT COMPANY, LIC

We have received your document for ELEVATION DESIGN & REVITALIZATION, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott Document Specialist II

Letter Number: 821A00017778

TT TO 2 11 7021

COVER LETTER

Registration Section Division of Corporations

TO:

COLUMN THE CAST	ON COMMERCIAL DEVELO	DPMENT, LLC				
SUBJECT:	Name of Lin	nited Liability Company		-		
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Stuart A. Heaton					
		Name of Person		_		
Elevation Financial Group, LLC					2021 SEP PM : 03	
Firm/Company				A.1.	<u>₽</u>	
201 E. Pine Street, Suite 200				ARY OF	<u> </u>	i
Address			S. Lings	×		
	Orlando, FL 32801			TATE	l: 03	
		City/State and Zip Code			-	
	sheaton@elevationfinancia					
	E-mail address:	(to be used for future annual report noti	fication)			
For further information of	concerning this matter, please c	call:				
Stuart Heaton		407 215-1353				
Name o	of Person	at () Area Code Daytime	e Telephone Numb	er		
Enclosed is a check for the	he following amount:					
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	Certifie	Filing Fee. rate of Star rd Copy al copy is en	tus &	
Mailing Address Registration 9 Division of C P.O. Box 632 Tallahassee, 1	Section forporations 17	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroo Tallahassee, F1.	porations allahassee Street, Suite	810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELEVATION DESIGN & REVITALIZATION, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{\text{March 19, 2008}}{\text{March 2008}}$ and assigned Florida document number | L08000028337 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Elevation Commercial Development, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
 			
			□Remove
			SECRETY TALLA
			—————————————————————————————————————
			PH CRemo
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). If amending any other inform	ation, enter cl	hange(s) here:	: (Attach additio	nal sheets, if ne	cessary.)	
						
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Effective date, if other than the (If an effective date is listed, the date mu Note: If the date inserted in this bedocument's effective date on the I	ist be specific and lock does not m	cannot be prior to neet the applical		re than 90 days afte		
he record specifies a delayed effecti ord is filed.	ze date, but not	an effective tim	ie, at 12:01 a.m. o	n the earlier of: ()	b) The 90th da	ay after the
Dated August 23	<u> </u>	2021				
-/. (-		/ (ed representative of	d'a member		
T. Chris King, Manage			name of signee			

Filing Fee: \$25.00