

L24 000 232 941

(Handwritten mark)

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

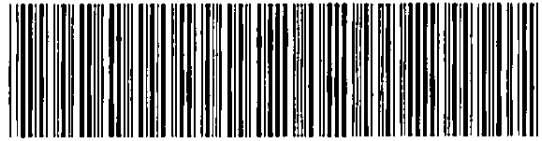
(Business Entity Name)

(Document Number)

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2024 JUN - 7 PM 4: 47  
SECRETARY OF STATE  
TALLAHASSEE, FL

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TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ELEVATED PROPERTY GROUP LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing

Please return all correspondence concerning this matter to the following.

ALISHA EZELL

\_\_\_\_\_  
Name of Person

LAW OFFICES OF DAVID M BAUMAN PLLC

\_\_\_\_\_  
Firm Company

6550 N FEDERAL HIGHWAY, STE 220

\_\_\_\_\_  
Address

FT LAUDERDALE, FL 33308

\_\_\_\_\_  
City/State and Zip Code

ALISHA@BAUMANLEGAL.COM

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

For further information concerning this matter, please call.

ALISHA EZELL

954 424-3306 EXT 116

at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &  
Certificate of Status

\$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

\$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

ELEVATED PROPERTY GROUP 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 MAY 20, 2024 and assigned Florida document number L24000232941.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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)

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TALLAHASSEE, FL

**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

Zip Code

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>	<u>Address</u>	<u>Type of Action</u>
M	VICTORIA KRASNOV	17749 COLLINS AVE, APT 2902	<input checked="" type="checkbox"/> Add
		SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
D	VICTORIA KRASNOV	17749 COLLINS AVE, APT 2902	<input checked="" type="checkbox"/> Add
		SUNNY ISLES BEACH, FL 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

Lined area for amending information.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 (1)(b)

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

If the record specifies a delayed effective date, but not an effective time, at 12 01 a.m. on the earlier of: (b) The 90th day after the record is filed

Dated JUNE 6, 2024

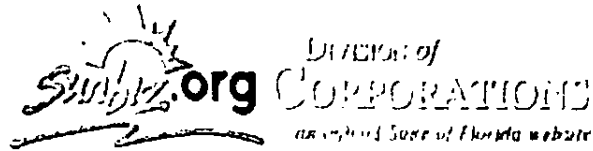
Handwritten signature of Victoria Krasnov

Signature of a member or authorized representative of a member

VICTORIA KRASNOV

Typed or printed name of signee

Filing Fee: \$25.00



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### Detail by Entity Name

Florida Limited Liability Company  
ELEVATED PROPERTY GROUP LLC

#### Filing Information

**Document Number** L24000232941  
**FEI/EIN Number** NONE  
**Date Filed** 05/20/2024  
**Effective Date** 05/20/2024  
**State** FL  
**Status** ACTIVE

#### Principal Address

17749 COLLINS AVENUE  
APT. 2902  
SUNNY ISLES BEACH, FL 33160

#### Mailing Address

17749 COLLINS AVENUE  
APT. 2902  
SUNNY ISLES BEACH, FL 33160

#### Registered Agent Name & Address

KRASNOV, VICTORIA  
17749 COLLINS AVENUE  
APT 2902  
SUNNY ISLES BEACH, FL 33160

#### Authorized Person(s) Detail

NONE

#### Annual Reports

No Annual Reports Filed

#### Document Images

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