109000027931

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2015 AUG 21 AM II: 11 SECRETARY OF STATE

K.SALY EXAMINER AT 3 2 5 2015

COVER LETTER

TO:	Registration Sec Division of Corp			
CUDI	ቸን <i>ር</i> ሃም .	ELEVATION FINA	ANCIAL GROUP, LLC	
SUBJ	ЕСТ:	Name of Limi	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspon	ndence concerning this matter	to the following:	
		S [*]	TUART A. HEATON	
			Name of Person	
		ELEVAT	ION FINANCIAL GROUP, LLC	
	Firm/Company 507 N. NEW YORK AVENUE, SUITE 300 Address WINTER PARK, FLORIDA 32789			
			City/State and Zip Code	
		*	Delevationfinancial group.com	
			to be used for future annual report notifica	ition)
For fu	orther information co	oncerning this matter, please ca	all:	
	STUART A.	HEATON	407 215-1350 at ()	
	Name o	f Person	Area Code Daytime T	elephone Number
Enclo	sed is a check for th	ne following amount:		
■ \$2	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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FI	LED
2015 AUG 21	-0
2015 AUG 21	AM []:]
SECRETARY ALLAHASSEE	OF STATE FLORIDA

FLEVATION	FINANCIAL GROUP, LL	c /AL	CRETADY ATT /1: 1
(Name of the Limited Liabili (A Florida	•	rs on our records.)	CRETARY OF STATE AHASSEE, FLORIDA
The Articles of Organization for this Limited Liability C Florida document number L09000027931	Company were filed on	MARCH 20, 2009	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company h	ere:	
The new name must be distinguishable and contain the words "Lin Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDI		designation "LLC" or the al	obreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office add		n our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Flo	orida street address	
	Emer Più		
	City	, Florida	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

K 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
MGR	MICHAEL H. KING	507 N. NEW YORK AVENUE	
		WINTER PARK, FL 32789	Remove
			☐ Change
MGR	DR. W. RUSS PRATHER	507 N. NEW YORK AVENUE	
		WINTER PARK, FL 32789	■ Remove
			☐ Change
MGR	PAUL MORGAN	507 N. NEW YORK AVENUE	□ Adđ
		WINTER PARK, FL 32789	■ Remove
			Change
			Add 2015 Emove To L. E. D. SECONE TARK OF SHARE
			REMOVE
			□ Change
			Remove
			□ Change

). If amending any other information	n, enter change(s) here: (Attach additional sheets, if nece	essary.)
 		
		- FER 5 -11
		BECGETAN 21
		SECTION AND THE PROPERTY OF TH
		92 -
		
<u> </u>		
Effective date, if other than the da (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depart	te of filing: (option is specific and cannot be prior to date of filing or more than 90 days after a does not meet the applicable statutory filing requirements, this interment of State's records.	onal) filing.) Pursuant to 605.0207 (3)(date will not be listed as the
the record specifies a delayed e The 90th day after the record	ffective date, but not an effective time, at 12:01 a d is filed.	i.m. on the earlier of:
Dated AUGUST 19	, 2015	
Sig	gnature of a member or authorized representative of a member	
	STUART A. HEATON	
	Typed or printed name of signee	

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Filing Fee: \$25.00