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COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration So Division of Co			
Triumph E	ndurance Events, LLC		
SUBJECT:			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Carrie Meng		
		Name of Person	
	Triumph Endurance Events	LLC	
	 	Firm/Company	
	75 Utah Place		
	 	Address	
	Palm Coast, FL 32164		
		City/State and Zip Code	
	carrie@elevateeventcompan E-mail address: ()	y.com to be used for future annual report no	tification)
For further information of	concerning this matter, please ca	•	,
Carrie Meng		352 514-1283	
Name (of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for t	he 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)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration So	ection
Division of C		Division of Co	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

OF

2023 JUN 12 AH 6:49 Triumph Endurance Events, 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 6/29/2012 and assigned Florida document number <u>L12000086973</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Elevate Event Company, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 re agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docum 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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Actio
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Page 2 of 3

	
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ffective date, if other than	he date of filing: (optional) nust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605
Note: If the date inserted in the	block does not meet the applicable statutory filing requirements, this date will not be listed. Department of State's records.
e record specifies a del The 90th day after the	red effective date, but not an effective time, at 12:01 a.m. on the earlie ecord is filed.
June 7th	2023
	
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Typed or printed name of signee