# L14000024950

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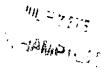
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SECRETARY OF STATE



### Phluid Enterprise, Inc.

121 S. Orange Avenue, Suite 1230 Orlando, Florida 32802

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

#### **COVER LETTER**

10:	Division of Cor			
SUBJE		ON ENTERPRISE, LLC		
SOBJE	C1	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		OWAIS KHANANI		
		· · · · · ·	Name of Person	
		ELEVATION ENTERPRI	SE, LLC	
Firm/Company				<del>.</del>
		121 S. ORANGE AVE., S	UITE 1230	
			Address	
		ORLANDO, FL 32801		
			City/State and Zip Code	
		OWAIS@ELEVATIONDE		
		E-mail address: (	to be used for future annual report notifi	ication)
For furth	her information c	oncerning this matter, please ca	all:	
OWAIS	S KHANANI		407 270-8866 at ( )	
	Name o	f Person		Telephone Number
Enclose	d is a check for th	ne 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION ED

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**ELEVATION ENTERPRISE, LLC** 

(Name of the Limited Liability Company as it now appears on our vectors.) UF STATE
(A Florida Limited Liability Company) TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liabili	ty Company were filed on 2/12/2014	and assigned
Florida document number L14000024950	·	
This amendment is submitted to amend the following	g:	
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 "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A	DDRESS)	
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	•	is, enter the name of the ne
Name of New Registered Agent:	and the state of t	
New Registered Office Address:		
	Enter Florida street addre	?55
_		lorida
	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>	Name	<u>Address</u>	Type of Action
MGRM	Paramount Group Holdings,LLC	10647 BOCA POINTE Dr	□ Add
		Orlando, FL 32836	■ Remove
			Change
MGRM	Windermere Land Company,LLC	11318 WINSTON WILLOW CT	Add
		WINDERMERE, FL 34786	■ Remove
			Change
			Add
			□ Remove
			☐ Change
			□ Add
			□ Remove
			Change  5  6  Add  Remove
			Remove
			☐ Change

	-	, enter change(s) here: (Attach additional sheets, if	necessury.y
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Note: I	f the date inserted in this block nt's effective date on the Depar	does not meet the applicable statutory filing requirements	, this date will not be listed as the
b) The 9	90th day after the record	is filed.	
Dated _	July 2	<u>, 2015</u> .	
	$\mathbb{W} \mathcal{A}_{\epsilon}$		15 J
	OWAIS KHANANI	nature of a member or authorized representative of a member	JUL -6 RETARY
		Typed or printed name of signee	mg <del>및</del> 14
		Page 3 of 3	D 1 2: 16 FLORID

Filing Fee: \$25.00