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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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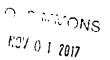
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COVER LETTER

TO:	Registration Se Division of Cor			
SHRIE	Elevation F	fome Design LLC		
SOBJE	CI	Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub		
		Michael Pijanowski		
			Name of Person	
		CRA Construction		
			Firm/Company	
		4307 W San Luis Street		
			Address	
		Tampa FL 33629		
		mike@elevationhomedesig	City/State and Zip Code	
		=	to be used for future annual report notifi	ication)
For furt	her information c	oncerning this matter, please ca	ull:	
Michae	l Pijanowski		727 743-9434	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclose	d is a check for th	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)
	MAIL	ING ADDRESS:	STREET/COURIE	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Elevation Home Design LLC					
(Name of the Lim	ited Liability Compa (A Florida Limited)	iny as it now appears Liability Company)	on our records.)		
The Articles of Organization for this Limited I	Liability Company	were filed on 11/1	17/2014	and assigned	
Florida document number L14000177889 This amendment is submitted to amend the fol	lowing:			7 10CT 30	
A. If amending name, enter the new name of	of the limited liab	ility company her	œ:	OCT 30 PH	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the de	signation "LLC" or the abb	reviation "L.L.C."	
Enter new principal offices address, if applicable:		4307 W San Luis	Street	<u>.</u>	
Principal office address MUST BE A STRE	ET ADDRESS)	Tampa FL 33629			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u> BOX)</u>	PO Box 10541 Tampa FL 33679)		
B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	.,	<u>e</u> :	our records, <u>enter t</u>	he name of the ne	
	4307 W San Li	in Carant			
New Registered Office Address:	4507 W San Lt		da street address		
	Tampa		, Florida	29	
		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

Page 1 of 3

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	Address	Type of Action
MGR	CRA Construction LLC	4307 W San Luis Street	■ Add
		Tampa FL 33629	□ Remove
			□ Change
MGR Dani	Daniel Terepka LLC	14112 Harborwood Drive	■ Add
		Largo, FL 33774	□ Remove
		<u> </u>	□ Change
MGR	Brian McBride	509 S MELVILLE AVE #3	Add
		tampa FL 33606	Remove
			☐ Change
MGR Dan Terepka MGR	Dan Terepka	PO Box 10541	
		Tampa FL 33679	□ Changer
			O Changer
		3053 ENISGLEN DR.	ب ب ي Add €
	Palm Harbor FL 34683	■ Remove	
		☐ Change	
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			□ Change

						
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ctive date, if	other than the da listed, the date must be	te of filing:	ot be prior to date of	f filing or more than	(optional 90 davs after filin) g.) Pursuant to 605.020°
e; If the date i	nserted in this block	does not meet t	he applicable sta	utory filing requir	ements, this dat	e will not be listed as
iment's effecti	ve date on the Depa	inment of State 8	records.			
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	after the record		but not an e	rective time, a	it 12.01 a.iii	on the earlier o
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Filing Fee: \$25.00