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Certified Copies	_ Certificate	s of Status
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18 NAR 16 PH 2: 53

SECRETARY OF STATE FALL ANASSEE, FLORIDA

K. SALY MAR 16 2018

COVER LETTER

	Registration Sect Division of Corpo			
SUBJEC		sidences, LLC		
SUBJEC	-t: <u></u> -	Name of Limit	ed Liability Company	
The encl	osed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please re	eturn all correspon	dence concerning this matter to	o the following:	
		Shaman Foradi		
			Name of Person	
		Elevation OC, LLC		
			Firm/Company	
		121 S. Orange Ave, Suite 1	250	
			Address	
		Orlando, FL 32801		
			City/State and Zip Code	
,		Foradi@elevationdev.com.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			o be used for future annual report notif	ication)
For furt	her information co	ncerning this matter, please ca	all:	
Shamai	n Foradi		321 695 2226 at ()	: Telephone Number
· · · · · ·	Name of	Person	Area Code Daytime	: Telephone Number
Enclose	ed is a check for th	e following amount:		
= \$25	5.00 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

FILED

18 MAR 16 PM 2:53

TALLAMASSIE, FLORIDA

Magnolia Residences, 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 Cor	npany were filed on 10/1//20	and assigned
Florida document number 1.16000190850	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
Elevation OC, LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
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 addressed Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reet address
	<i>C</i> ::	, Florida Zip Code
New Registered Agent's Signature, if changing Registered	•	z.ip Code
I hereby accept the appointment as registered agent as provisions of all statutes relative to the proper and coaccept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my c ent as provided for in Chap	duties, and I am familiar with and ster 605, F.S. Or, if this document is
	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: FILED 18 MAR 16 PH 2: 53 MGR = Manager AMBR = Authorized Member Address SECRETARY OF STATE TALLAHASSEE, FLORIDA Type of Action <u>Title</u> Name 1 ☐ Add □ Remove _□ Change _□ Add ____ 🗆 Remove _ Change □ Remove _□ Add ☐ Remove _□ Change _🛮 Add □ Remove _□ Change ☐ Remove

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	18 MAR 16 PM 2: SECRETARY DE STATE FLORIDA
Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and c Note: If the date inserted in this block does not me document's effective date on the Department of Sta	annot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 set the applicable statutory filing requirements, this date will not be listed a
ne record specifies a delayed effective da The 90th day after the record is filed.	ote, but not an effective time, at 12:01 a.m. on the earlier of
Dated March 13	2018
,	
Cianata N.	ember of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00