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SECRETARY OF STATE
DIVISION OF INFORMATION
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N. COOPER

SEP 27 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Elevation Fitness LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Angel L Bayana
Name of Person

Elevation Fitness LLC
Firm/Company

1625 N Miami Ave
Address

Miami FL 33136
City/State and Zip Code

angel@elevationfitness.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the 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

Elevation Fitness LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Nelida Zumpano	150 SE 25 TH 20 TH 126	☐ Add
		Miami FL 33129	☒ Remove
			☐ Change
AMBR	SLIC Ventures LLC	1097 Jupiter Park Ln	☒ Add
		unit 3	☐ Remove
		Jupiter, FL 33458	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

18 SEP 24 AM 6:01

SECRET
DIVISION OF INFORMATION

E. Effective date, if other than the date of filing: 7/1/2018 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

8/20/2018

Signature of a member or authorized representative of a member

Typed or printed name of signee

Typed or printed name of signer