

L17000237684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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TALLAHASSEE, FL

R. HUNT

07/12/23

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Elevated Health 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:

Rebecca Kallaus

Name of Person

Elevated Health LLC

Firm/Company

101 S Federal Hwy #635

Address

Boynton Beach, FL 33435

City/State and Zip Code

rebecca@myelevatedhealth.com

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL
2010 12 PM 11:52

For further information concerning this matter, please call:

Rebecca Kallaus

561 9894298
at ()

Name of Person

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Elevated Health 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 November 16, 2017 and assigned
Florida document number L17000237684.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Done Better Initiative LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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 registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

OFFICE OF THE
STATE
TREASURER
TALLAHASSEE, FL
12 PM 11-52

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

ED
2013 JUN 12 PM 11:52
OFFICE OF STATE
CLERK
TALLAHASSEE, FL

E. Effective date, if other than the date of filing: April 25, 2023 (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 July 6, 2023

Reino F. Bano

Signature of a member or authorized representative of a member

Rebecca Kallaus

Typed or printed name of signee

Filing Fee: \$25.00

Signature Certificate

Reference number: EZVJQ-UUVYQ-OE9RP-FAHWC

Signer

Timestamp

Signature

Rebecca Kallaus

Email: rebecca@businessdonebetter.co

Sent:

07 Jul 2023 17:02:02 UTC

Signed:

07 Jul 2023 17:02:02 UTC



IP address: 76.176.74.115

Location: San Diego, United States

Document completed by all parties on:

07 Jul 2023 17:02:02 UTC

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