# 117000250906

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## **COVER LETTER**

	gistration Se ision of Cor			
SUBJECT:	Orrick Dev	elopments, LLC	•	
зовјест:		Name of Lim	ited Liability Company	
The enclosed	1 Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Tyler Orrick		
			Name of Person	
		377 Leawood Circle	Firm/Company	
		Naples, FL 34104	Address	
		tyler@elevationrestoration.	City/State and Zip Code pro	
		E-mail address: (t	to be used for future annual report not	ification)
For further in	nformation c	oncerning this matter, please ca	all:	
Tyler Orrick			239 238-3154 at ()	
	Name of	f Person	Area Code Daytim	e Telephone Number
Enclosed is a	a check for th	ne following amount:		
□ \$25.00 F	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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

# TO **ARTICLES OF ORGANIZATION** OF

Orrick Developments, LLC L1700025090		
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Elevation Restoration, L.L.C.		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	405 Fifth Avenue South	_
Principal office address MUST BE A STREET ADDRESS)	Suite 7	
	Naples, FL 34102	
Enter new mailing address, if applicable:	405 Fifth Avenue South	
Mailing address MAY BE A POST OFFICE BOX)	Suite 7	g. 'À
	Naples, FL 34102	· È
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:	<u>e</u> :	nter the name of the
	Enter Florida street address	
	, Florid	
	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.

## or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Tyler Ornick	405 Fifth Avenue South Suite 7 Naples, FL 34102	
			Remove
		Address of MGR change requested	Change
			□ Add
			Remove
		<del></del>	Change
			□ Remove
			Change
<del></del>			Add
			Remove
			Change
			Add
			Remove
			☐ Change
	<del></del>		Add
			☐ Remove
			☐ Change

,	
(If an el <u>Note:</u>	tive date, if other than the date of filing:  [coptional]  [cotive 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)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
If the re (b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	September 19th, 2019.
	Signature of a member or authorized representative of a member
	Tyler J. Orrick MCR Typed or printed name of signee
	Typed or printed name of signee