

218000018868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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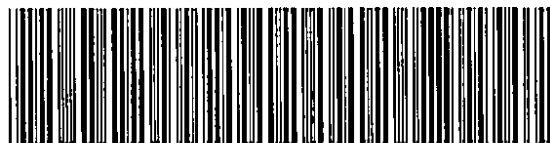
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
SEP 17 2018

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Elevation Credit 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:

Arneedia Dandy

Name of Person

Elevation Credit LLC

Firm/Company

1795 NW 142 Lane

Address

Opa Locka. Fl 33054

City/State and Zip Code

arnediadandy@gmail.com

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

For further information concerning this matter, please call:

Name of Person                      Area Code                      Daytime Telephone Number

Arneedia Dandy                      786                      200-1066

\_\_\_\_\_ at ( \_\_\_\_\_ ) \_\_\_\_\_

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

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

**FILED**  
**18 SEP 12 AM 1:20**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Elevation Credit 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 January 22, 2018 and assigned  
Florida document number L18000018868.

This amendment is submitted to amend the following:

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

Arneedia Dandy Enterprises 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:**

7900 Oak Lane

**(Principal office address MUST BE A STREET ADDRESS)**

Suite 400

Miami Lakes, FL 33054

**Enter new mailing address, if applicable:**

1795 NW 142 Lane

**(Mailing address MAY BE A POST OFFICE BOX)**

Opa Locka, FL 33054

**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

Florida

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

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	Ameedia Dandy	1795 NW 142 Lane	<input type="checkbox"/> Add
		Opa Locka, FL 33054	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Terrell Dandy	1795 NW 142 Lane	<input type="checkbox"/> Add
		Opa Locka, FL 33054	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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TALLAHASSEE


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SECRET  
TALLAHASSEE FLORIDA

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18 SEP 12 AM 1:26  
STATE  
TALLAHASSEE, FLORIDA

(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)

Dated September 10 2018

September 10, 2018



Signature of a member or authorized representative of a member

Typed or printed name of signee