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J. HARRIE

## **COVER LETTER**

Division of Corporations	
SUBJECT: SLEVEA REALTY, 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:	
Theresa tritzel	
Name of Person	
Finn/Company	
6269 Palmadel Max Blud < #113	
6269 Palmadel Mar Blud 5 #113	
St. Petersburg FL 33715  City/State and Zip Code  terri. fritzel@gmail.com  E-mail address: (to be used & Gulum angual group posification)	
City/State and Zip Code	
terri. tritzel@gmail.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Theresa Fritze)  Name of Person  727  Area Code  Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
Particular that Court Collegia and a collegia	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status □ Certified Copy □ S60.00 Filing Fee,	D.
(additional copy is enclosed) Certified Copy	K.
(additiona) copy is enclose	d)

### MAILING ADDRESS:

TO:

Registration Section

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 Tallahassec, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ability Company as it now appears on our records.)
orida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_ Florida document number <u>L18000140786</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ELEVAE KEALTY, 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)  $\overline{c}$ 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:

### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida

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>Address</u> **Type of Action** Name | ☐ Add ☐ Remove ☐ Change ☐ Remove □ Change □ Add \_□ Remove \_ Change \_□ Add ☐ Change □ Change  $\Box$ □ Add ☐ Remove

\_ Change

	<del></del>
100 7000	<del></del>
ective date, if other than the date of filing:  God leffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days to:  If the date inserted in this block does not meet the applicable statutory filing requirements, ument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 12:0 he 90th day after the record is filed.	)1 a.m. on the earlier o
ed	* ************************************
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Shandure of a member or authorized representative of a member  Theres, Fritze   Mark  Typed of printed name of signee	

Page 3 of 3

Filing Fee: \$25.00