## 118000270247

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## **COVER LETTER**

то:	Registration Se Division of Cor			
		eal Estate LEC	`	
SUBJEC	;;	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Leslye Lezcano		
			Name of Person	
		333 CW 91st Ave	Firm/Company	
		332 SW 81st Ave	Address	
		Miami, FL 331		
		leslyee07@hotmail.com	City/State and Zip Code	<del></del>
		E-mail address: (	to be used for future annual report notifi	cation)
For fu <b>r</b> th	ner information c	oncerning this matter, please co	all:	
Leslye I	Lezcano		786 506-2379 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed	d is a check for th	ne following amount:		
<b>□</b> \$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:

TO:

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

Elevated Real Estate LLC

company has been notified in writing of this change.

( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our Liability Company)	r records.)		
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L18000270247}{L18000270247}$	were filed on November	20, 2018		and assigned
Florida document flumbet				
This amendment is submitted to amend the following:		Ÿ.	0.7	
A. If amending name, enter the new name of the limited lial	oility company here:	<u></u>	610	
Elevated Miami LLC			JAH	* 4
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation	on "LLC" or th	ne abbrevi	ation "L.L.C."
Enter new principal offices address, if applicable:	332 SW 81st Ave	***	71	
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33144	<u>(</u>	<del></del>	1
(Principal Office address SIOST BE A STREET ADDRESS)			- <del></del>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered of	office address on our i	records, en	ter the	name of the n
registered agent and/or the new registered office address her	<u>re</u> :			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida stree	et address		
		, Florida	1	ip Code
<del></del> -	City		Z	ip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete				

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

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 **Address** Type of Action Name Title □ Add \_□ Remove ☐ Change □ Add \_□ Remove \_□ Change □ Add \_□ Remove ☐ Change ☐ Add \_□ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove \_ Change

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fective date, if other than the come effective date is listed, the date must	late of filing:	to of filing or more than 90 days	ptional)
ote: If the date inserted in this blo-	ck does not meet the applicable	statutory filing requirements,	this date will not be listed
ocument's effective date on the De	partment of State's records.		
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record specifies a delayed The 90th day after the reco		errective time, at 12:0	i a.m. on the earlier
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January 4	2019	4//	
<u>.</u>	··	^/ _//	<i>'</i>
	Signature of a member or authorize	representative of a member	× -

Page 3 of 3

Filing Fee: \$25.00