

L190000 37742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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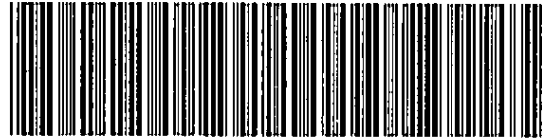
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **ELEVATE ACCOUNTING SOLUTIONS 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:

LINDSAY KERVIN

Name of Person

ELEVATE ACCOUNTING SOLUTIONS LLC

Firm/Company

152 21ST AVENUE N

Address

SAINT PETERSBURG, FL 33704

City/State and Zip Code

lindsay@elevateaccountingsolutions.com

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

For further information concerning this matter, please call:

Lindsay Kervin

850 590-3557

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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REGISTRATION SECTION

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


Title	Name	Address	Type of Action
MGR	COPLEY ACCOUNTING SERVICES LLC	152 21ST AVENUE N SAINT PETERSBURG, FL 33704	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	COPLEY FINANCIAL SERVICES LLC	152 21ST AVENUE N SAINT PETERSBURG, FL 33704	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	K3 ACCOUNTING SERVICES LLC	4009 INDIANAPOLIS ST NE SAINT PETERSBURG, FL 33703	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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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.

Dated April 23, 2019


Signature of a member or authorized representative of a member

LINDSAY KERVIN ON BEHALF OF K3 ACCOUNTING SERVICES

Typed or printed name of signee