

119 0000 37742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

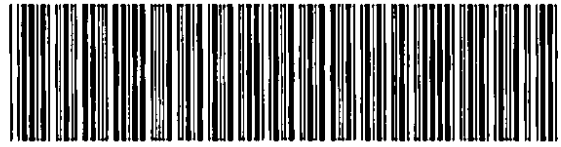
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/17/19--01012--028 **25.00

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

2019 MAY 17 PM 11:30

FILED

NOT
FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ELEVATE ACCOUNTING SOLUTIONS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees) 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

4009 Indianapolis Street NE

Address

St. Petersburg, FL 33703

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ELEVATE ACCOUNTING SOLUTIONS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED

2013 MAY 17 P 4 30

The Articles of Organization for this Limited Liability Company were filed on 02/06/2019
Florida document number L19000037742

and assigned
TALLAHASSEE COUNTY

This amendment is submitted to amend the following:

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

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)

4009 Indianapolis Street NE

St. Petersburg, FL 33703

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4009 Indianapolis Street NE

St. Petersburg, FL 33703

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:

Lindsay R Kervin

New Registered Office Address:

4009 Indianapolis Street NE

Enter Florida street address

St. Petersburg

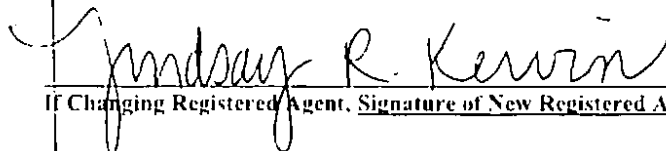
Florida 33703

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>
MGR	COPLEY ACCOUNTING SERVICES LLC		<input type="checkbox"/> Add
		152 21ST AVENUE N SAINT PETERSBURG, FL 33704	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Geneva Kervin	4009 Indianapolis Street NE St. Petersburg, FL 33703	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: _____ (optional)

(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)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated May 14 2019

Handwritten signature of Lindsay R. Kerwin

Signature of a member or authorized representative of a member

Lindsay R. Kerwin

Typed or printed name of signee