

L19000 140669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

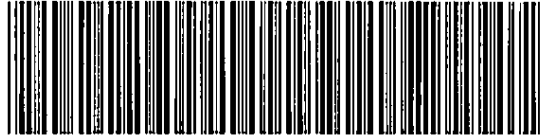
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19 JUL 11 PM 7:06

FILED

JUL 20 2019
S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EVOLV3D 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:

Travis Hankamp
Name of Person

ELEVAT3D LLC
Firm/Company

4013 NW 39th Way
Address

Gainesville/FL 32606
City/State and Zip Code

Elevat3Dlabs@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Travis Hankamp at (352) 672-3829
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

EVOLV3D 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 5/28/2019 and assigned Florida document number L19000140669.

This amendment is submitted to amend the following:

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

ELEVAT3D 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)

4013 NW 39th Way

Gainesville, Florida

32606

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4013 NW 39th Way

Gainesville, Florida

32606

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19
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
FLORIDA

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:

Travis J. Hankamp

New Registered Office Address:

4013 NW 39th Way

Enter Florida street address

Gainesville

City

Florida

32606

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

(N/A)

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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