

L19 000171920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

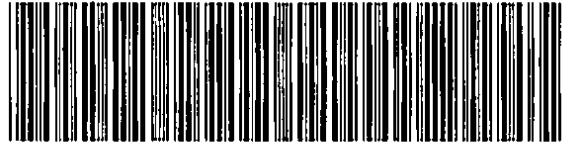
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200377934682

12-16/21--01709--010 \*\*25.00

1/3/22

TAS

SECRETARY OF STATE  
TALLAHASSEE, FL

2021 DEC 16 AM 9:43

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Elevation Fitness Holdings, 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:

Angel Bajana  
Name of Person

Elevation Fitness Holdings, LLC  
Firm/Company

1425 N. Miami Ave  
Address

Miami, FL 33134  
City/State and Zip Code

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

For further information concerning this matter, please call:

Kevin Walker at ( 305 ) 619-7787  
Name of Person Area Code Daytime Telephone Number

SECRETARY OF STATE  
TALLAHASSEE, FL

2021 DEC 16 AM 9:43

FILED

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

2021 DEC 16 AM 9:43  
FILED  
SECRETARY OF DEFENSE  
PALLADIUM

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

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**(Mailing address MAY BE A POST OFFICE BOX)**

## Zip Code

**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>
<u>MGR</u>	<u>AAYALA, LLC</u>	<u>1625 N. Miami Ave</u>	<input type="checkbox"/> Add
		<u>Miami, FL 33136</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Elevation Loan, LLC</u>	<u>2001 Collins Ave, Suite 1905</u>	<input type="checkbox"/> Add
		<u>Miami, FL 33139</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Green Bird Holdings LLC</u>	<u>2450 NW 116 St, bldg 1</u>	<input checked="" type="checkbox"/> Add
		<u>Miami, FL 33167</u>	<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.)*

[illegible]

**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 December 10, 2021

Amal K. Saj  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Angel Bajana  
Typed or printed

Typed or printed name of signee

**Filing Fee: \$25.00**