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(Requestor's Name)
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(Document Number)
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COVER LETTER

TO:

TO: Registration Division of C			
	Element Prope	rty Management, LLC	
SUBJECT:	Name of Lin	nited Liability Company	
	of Amendment and fee(s) are sub		
ricuse retain an corres	·	ADAM MORGENSTERN	
		Name of Person	
	ELEMENT P	ROPERTY MANAGEMENT, LL	C.
		Firm/Company	
		126 N OCEAN BLVD	
	***	Address	2021 KA
	POM	PANO BEACH, FLORIDA, 33062	
	MV DD	City/State and Zip Code	: 1
		DJECT.ELEVATED@GMAIL.CO (to be used for future annual report not	
For further information	n concerning this matter, please o	all:	
ADAM MORGENS	TERN	954 504 - 1110	
Name	e of Person	Area Code Daytin	e 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 Add Registration Division of P.O. Box 6 Tallahassee	n Section Corporations 327	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELEMENT PROPERT	Y MANAGEMENT,	LLC	
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears d Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Compar	ny were filed on	07/30/2019	and assigned
lorida document numberL19000194382			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited li	ibility company her	<u>-e</u> :	
ELEVATED CONSTRUCTION GROUP, LLC			
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the de-	signation "LLC" or the	abbreviation_L.L.C."
Enter new principal offices address, if applicable:		<u></u>	
Principal office address MUST BE A STREET ADDRESS)			
			~ ~
			72.
nter new mailing address, if applicable:	3060 NE 11T	'H TER	<u>မှ</u>
Mailing address MAY BE A POST OFFICE BOX)	POMPANO	BEACH FL	70
Training May Con Maria Della Formania	33064		
 If amending the registered agent and/or registered offic gent and/or the new registered office address here: 	e address on our re	cords, <u>enter the na</u>	me of the new register
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	da street address	
		Florida _	
	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>	Address	Type of Action
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□ CHange □ Add
			☐ ☐ ☐ Change
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			□Change

		
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ffective date, if other than the	date of filing:	or more than 90 days after filing.) Pursuant to 605.0
Sote: If the date inserted in this bloocument's effective date on the De	ock does not meet the applicable statutory	filing requirements, this date will not be listed
record specifies a delayed effective	e date, but not an effective time, at 12:01 a	.m. on the earlier of: (b) The 90th day after t
i is med.	i	
April 24 Pated	Signature of a member or authorized representa	ative of a member

Filing Fee: \$25.00