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2020 APR 23 PH 3: 18

COVER LETTER

TO: Registration Division of	n Section Corporations		
ELEVA SUBJECT:	TE DISTRIBUTION, LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	JOEL VELAZQUEZ		
		Name of Person	
	ELEVATE DISTRIBUTIO	ON, LLC	
		Firm/Company	
	8823 NW 161ST TR		
		Address	
	MIAMI LAKES, FL 3301	8	
		City/State and Zip Code	
	joel@hiaent.com		- Control of the Cont
For further information	on concerning this matter, please c	to be used for future annual report nall:	ottication)
Joel Velazquez		786 5875223	
Nar	ne of Person	Area Code Days	ime Telephone Number
Enclosed is a check for	or 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 o		Street Address: Registration S Division of C	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2020 APR 23 PH 3: 18

ELEVATE DISTRIBUTION, 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 $\frac{08/06/2019}{1}$ and assigned Florida document number $\frac{L19000218279}{L19000218279}$ 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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.

Cirv

If Changing Registered Agent, Signature of New Registered Agent

, Florida _

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>	2020 APR 23 PH 3	: 18 Type of Action
MGR	FRANCISCO NARVAEZ	670 e 54th st	, L □ Add
		Hialeah, fl 33013	■ Remove
			□Change
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			□ Change
			□Add
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			DAdd
			Remove
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			□Add
			CRemove
			Change

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Filing Fee: \$25.00