

L20000029546

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

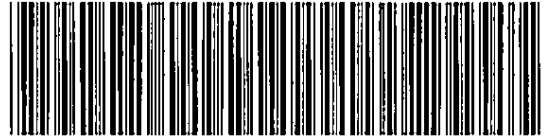
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEP 17 2020
S. YOUNG

AMERICAN
ASSOCIATION OF
STATE COURT
CLERKS
FLORIDA

2020 JUL 28 AM 7:14

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

ELEVATE HOLDINGS, LLC

SUBJECT: _____
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:

Bruno Portigliatti

Name of Person
ELEVATE HOLDINGS, LLC
Firm/Company
5950 Lakehurst Dr Suite 169
Address
Orlando, FL, 32835
City/State and Zip Code
bportigliatti@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bruno Portigliatti

407

492-2782

at (_____)

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

ELEVATE HOLDINGS, LLC

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

FILED
2020 JUL 28 AM 7:14
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF
PALM BEACH, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/23/2020 and assigned
Florida document number 120000029546.

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:

5950 Lakehurst Dr, Suite 169, Orlando, FL, 32819

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

5950 Lakehurst Dr, Suite 169, Orlando, FL, 32819

(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

_____, 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>	<u>Address</u>	<u>Type of Action</u>
AMBR	RENATO C MATTOS	997 W Kennedy, Suite A25, Unit 08 Orlando, FL, 32810	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	HEBER F MATTOS	997 W Kennedy, Suite A25, Unit 08 Orlando, FL, 32810	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	CLOVIS C SANTOS	997 W Kennedy, Suite A25, Unit 08 Orlando, FL, 32810	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	ANTHONY B PORTIGLIATTI	5950 Lakehurst Dr, Suite 169 Orlando, FL, 32819	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
AMBR	STEPHANIE F PORTIGLIATTI	5950 Lakehurst Dr, Suite 169 Orlando, FL, 32819	<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

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

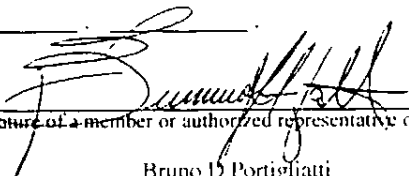
E. Effective date, if other than the date of filing: _____ (optional)

(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 July 13, 2020



Signature of a member or authorized representative of a member
Bruno D Portigliatti

Typed or printed name of signee