120000199425

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Consist Instructions to		
Special Instructions to	Filing Officer:	





500368906275

07, 12/21--01/21 -- 01/ **25, 20

COVER LETTER

Division of Co			
Elevate Co	onsulting Firm LLC		
SUBJECT:	·		
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
	ondence concerning this matter	2	
		with Millians.	
	Bianca Morris		
	-	Name of Person	
	Elevate Consulting Firm I	.I.C	
		Firm/Company	
	501 NE 31st Street, Apt 9	04	
		Address	·
	Miami, FL, 33137		
	Bianca.morris@live.com	City/State and Zip Code	<u></u>
	E-mail address: (to be used for future annual report noti	fication)
For further information e	oncerning this matter, please c	all:	
Bianca Morris		305 333-7684	
Name o	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee.
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address:	ation
Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

any as it now appears on our records.) Liability Company)	
y were filed on	and assigned
bility company here:	
ility Company," the designation "LLC" or the	abbreviation "L.L.C."
1000 Brickell Avenue	
Suite #715 PMB 170	
Miami, FL 33131	
1000 Brickell Avenue	
Suite #715 PMB 170	
Miami, FL 33131	
address on our records, enter the na	me of the new registe
	i -
For a Florida spent adda.	13
rmer r tortaa sireet aaaress	
, Florida _	Zip Code
	Suite #715 PMB 170 Miami, FL 33131 1000 Brickell Avenue Suite #715 PMB 170 Miami, FL 33131 address on our records, enter the na Enter Florida street address , Florida

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 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
AMBR	Bianca Morris	1000 Brickell Avenue	
			□Add
		Suite #715 PMB 170	
			□Remove
		Miami, FL 33131	7.0
AMBR	Kristy Morris	1000 Brickell Avenue	= Change
A TOTAL	Kusty Mouns		□Add
		Suite #715 PMB 170	
			□Remove
		Miami, FL 33131	
			Change
			
			_
			□Remove
			□Change
			Change
			□Add
			
			□Remove
			□Change
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			Skelling
			🗆 Add
		<u> </u>	□Remove
			-
			□Change

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fecti	ve date, if other than the date of filing:
au cir	perive 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 lf the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
eum	ent's effective date on the Department of State's records.
record is fil	I 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
1,7 111	
ated	July 7 2021
	. , , ,
	Signature of a member or authorized representative of a member