LZO 000 205977

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TO:

Registration Section Division of Corporations

ELITE MEI SUBJECT:			
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	THEO PERKINS		س
		Name of Person	
	ELEVATION TAX GROU	JOP	14 130 EVE
		Firm/Company	
	8839 S REDWOOD RD. S	STE B	بر ب
		Address	
	WEST JORDAN, UTAH,	84088	-
	-	City/State and Zip Code	
	T.PERKINS@ELEVATIO		
		to be used for future annual report no	tification)
For further information co	oncerning this matter, please co	all:	
THEO PERKINS		888 519-1666 at ()	
Name of	Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	e 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 S Division of Co P.O. Box 6322 Tallahassee, F	ection prporations	Street Address: Registration So Division of Co The Centre of 2415 N. Monro Tallahassee, F	orporations Tallahassee De Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C (A Florida Li	Company as it now appears on our rec imited Liability Company)	cords.)
The Articles of Organization for this Limited Liability Com Florida document number L20000205977	npany were filed on $\frac{07/15/2020}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "l	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	
		(mm) (mm)
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		ာ ယ
		0.
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, <u>en</u>	ter the name of the new regi
Name of New Registered Agent:		
New Registered Office Address:	-	
	Enter Florida street add	dress
		Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

ELITE MEDIA, LLC

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 reing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany 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
MGR	BLAKE NUBAR	10 N ORANGE AVE, STE 1100	= Add
		ORLANDO, FL 32801	□ Remove
			□Change
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ective date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior effective date inserted in this block does not meet the application.	r to date of filing or more than 90 days after filing.) Pursuant to 605, cable statutory filing requirements, this date will not be liste
ument's effective date on the Department of State's records	
cord specifies a delayed effective date, but not an effective t	ime at 12:01 a m. on the carlier of: (b). The 90th day after
s filed.	tine, at 12.01 a.m. on the carner of, (o) The both day after
, OCTOBER 8 2020	
ed CTOBER 8	
Theory	D. L. A
Signature of a member or auth	orized representative of a member
	<u> </u>

Filing Fee: \$25.00