## L220000284966

	(Requestor's Name)
	(Address)
	(Address)
	(1.02.000)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
<u> </u>	(Business Entity Name)
	(Business Emily Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer.

Office Use Only



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2022 OCT 17 PH 2: 36

A. BUTLER OCT 17 2022

## **COVER LETTER**

TO:

Registration Section

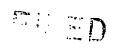
Tallahassee, FL 32314

Division of Corporations	
SUBJECT: EXCLUSIVE 1-5 R	ited Liability Company
The enclosed Articles of Amendment and fee(s) are sub	
Please return all correspondence concerning this matter	to the following:
Tyler To	Name of Person
Exclusive	1s By Birdet
loz SI	Va Dv NW
E-mail address: (1	City/State and Zip Code  e 1s a 1 c/o cod. (one to be used for future annual report notification)
For further information concerning this matter, please ca	
Tyler Taylor Name of Person	at (ESO) 582 4822 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	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



EXCLUSIVE LS By  (Name of the Limited Liability Com  (A Florida Liabil	Birdie	2022 OCT 17 PM 2: 43
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on ited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Com	pany were filed on	11 2070 and assigned
Florida document number <u>L260002849166</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company hero	:
Elevate Exclusively LC. The new name must be distinguishable and contain the words "Limited	Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our rec	ords, enter the name of the new registered
Name of New Registered Agent:	·	
New Registered Office Address:		
	Enter Florida	i street address
<del></del>	City	, Florida
N	Cny	zφ cow

## 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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
		<del></del>	□Remove
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		<del></del>	□Change
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			□Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: 1	re date, if other than the date of filing:
record d is file	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 d.
Dated _	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00