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COVER LETTER

	egistration Sec vision of Corp					
SUBJECT	Eleve	ations	A CSA Name of Limit	netics & 1 ed Liability Company	Beaut	<u>1 LL</u> C
The enclose	ed Articles of A	mendment and	fee(s) are subn	nitted for filing.		
Please retur	n all correspon	dence concernir	ng this matter to	o the following:		
		Eron C	a Was	hing tup Name of Person		
		ST ILL			_	
		16010	lunn a	V C P F 7 Address	11	
		Jack:	Sonville	FL1 32 City/State and Zip Code	218	
				ten @ 9 mail of be used for future annual		
For further	information co	neerning this ma	itter, please cal	II:		
EYC	Name of	NaShi Person	ngton.	at (<u>GOU</u>) Area Code	Daytime Telepho	7U ne Number
Enclosed is	a check for the	following amo	unt:			
□ \$25.00	Filing Fee	(DS30.00 Fili Certificat	ng Fee & e of Status	□ \$55,00 Filing Fee Certified Copy (additional copy is end		\$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

Elevations Aco	ed Liability Come (A Florida Limited	any as it now appears on our records.) (Liability Company)
The Articles of Organization for this Limited Li Florida document number <u>L2100003</u>		y were filed on 12/23/20 and assigned
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	the limited lia	bility company here:
Elcvations Artistry The new name must be distinguishable and contain the w	LLC ords "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica		7643 Gate Parkway
(Principal office address MUST BE A STREE	T ADDRESS)	Jacksonville fl, 32256
		Jan History
Enter new mailing address, if applicable:		7643 Garc Pain Way
(Mailing address MAY BE A POST OFFICE I	<u>BOX)</u>	7643 Gate Pain Way Suite 104 Jacksonville fl, 32256
		Jackson ville FL, 52236
B. If amending the registered agent and/or reagent and/or the new registered office address		address on our records, enter the name of the new registered
		
Name of New Registered Agent:		
New Registered Office Address:	7643	Gate Per Nout 50 to 104 Enter Florida street address : 5 TVILL VILLE . Florida 3225 C. City Zip Code
	JULYSU	nville Wellist Florida 3223 C
New Registered Agent's Signature, if changing R		In the second se
		ree to act in this capacity. I further agree to eamply with the e 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 sifthis document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited limits

company has been notified in writing of this change.

GUG WSWWW

If Changing Registered Agent. Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records:</u>

MGR =	Manager
AMBR =	Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
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(If an cf) - <u>Note:</u>	ive date, if other than the date of filing: 9/19/2022 (optional) fective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the date on the Department of State's records.
ne recor ord is ti	d 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 led.
Dated	September 19th 2022.
	Enni (a Washington Typed or printed name of signee
	Ennica Washington Typed or printed name of slynes

Filing Fee: \$25.00