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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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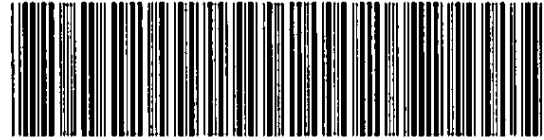
(Business Entity Name)

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FALL WASSSEE, FLORIDA

AUG 26 2022

S. PRATHER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DBA Medical LLC

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:

Connor J. Oliveri

Name of Person

Elevate Health LLC

Firm/Company

2111 W. Swann Ave, Suite 104

Address

Tampa, FL 33606

City/State and Zip Code

management@elevatehealthtampa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Connor J. Oliveri

813 326-3568

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

FILED
2022 JUN 10 AM 9:01
CLERK OF DISTRICT COURT
JAIL HASSE, FLORIDA
and assigned

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

This amendment is submitted to amend the following:

Elevate Health Club LLC

4539 S. Dale Mabry Highway

Suite 100

Tampa, FL 33611

2111 W. Swann Ave

Suite 104

Tampa, FL 33606

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

Cin⁺

Zip Code

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

[illegible]

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or printed text on the paper.

(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)

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.

Signature of a member of

Connor J. Oliveri

Typed or printed name of signee

FILED
2022 JUN 10 AM 11:01
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA