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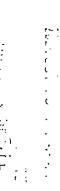
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COVER LETTER

то:	Registration Se Division of Cor			•
eud III		D TRANSPORTATION SERV	VICES	
SUBJE	CI;			
The enci	locad Articles of	Amendment and fee(s) are sub	mitted for filing	
		ndence concerning this matter	•	
		CLIVENSON M ORELUS	S	
			Name of Person	
		ELEVATED TRANSPOR	TATION SERVICES	
			Firm/Company	
		3817 Evan Samuel dr		
		··	Address	
		JACKSONVILLE FL 322	10	
			City/State and Zip Code	
		elevatedmovers@outlook.co	om to be used for future annual report not	ification)
For furth	her information c	oncerning this matter, please c		,.
	NSON M ORELU	-	904 (904) 713-3	507
	Name o		at ()	ne Telephone Number
Enclose	d is a check for th	ne following amount:		
	.00 Fiting Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Se Division of Co The Centre of 1 2415 N. Monro Tallahassee, FI	rporations Fallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

he Articles of Organization for this Limited Liability Company lorida document number 6625618746CC	were filed on APRIL 19, 2024		_ and assigned
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liab	ility company here:		
ne new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" of	or the abbre	viation "L.L.C."
nter new principal offices address, if applicable:	3817 Evan Samuel dr		1.
Principal office address MUST BE A STREET ADDRESS)	JACKSONVILLE, FL 32210		
		·-	· ·
			. (
nter new mailing address, if applicable:		Ć.	.
lailing address MAY BE A POST OFFICE BOX)	·	ļii,	÷.
and the state of t			
If amending the registered agent and/or registered office a	address on our records, <u>enter th</u>	<u>je name o</u>	f the new regis
ent and/or the new registered office address here:			
Name of New Registered Agent:	<u></u>		

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.

City

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>	Name	Address	Type of Action
MGR	KHATER, MOHAMED, SR	104 KING ST 23	
		JACKSONVILLE, FL 32204	≣Remove
			☐ Change
			□Add
			□Remove
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			_ □Change
			□Adđ
			□Remove
			Change
			□Add
			□Remove

				
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		<u> </u>		
Effective date, if other than the offer an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	ck does not meet the a	oplicable statutory f	(option of the contract of the	filing.) Pursuant to 605.0207
record specifies a delayed effective d is filed.	date, but not an effect	ive time, at 12:01 a.	m. on the earlier of: (b) The 90th day after the
Oated OCTOBER 8		·		
	16	- <i>-</i> 2		
	signature of a member or	authorized representa	tive of a member	· · · · · · · · · · · · · · · · · · ·
•		enson b		

Filing Fee: \$25.00