

L21000525694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

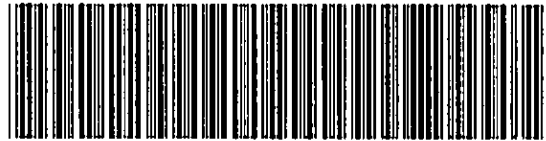
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

NNA - P1100098529

Office Use Only



800382625588

03/01/22--01015--021 \*\*30.00

FILED  
2022 APR 12 AM 10:35  
CUSHING

Amend/ Name Change

MAY - 4, 2022

D CUSHING

## COVER LETTER

TO: Registration Section  
Division of Corporations

RECEIVED

SUBJECT: K & A Kreations LLC  
Name of Limited Liability Company

2022 APR 12 AM 7:47

SEC. OF STATE  
TALLAHASSEE, FL

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amanda Armstrong  
Name of Person  
Elevate of FWB LLC  
Firm/Company  
97 Lang Rd  
Address  
Fort Walton Beach FL 32547  
City/State and Zip Code  
Elevatee FWB@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amanda Armstrong at (850) 373 2755  
Name of Person Area Code Daytime Telephone Number

2022 APR 12 AM 10:35

FILED

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 16, 2022

AMANDA ARMSTRONG  
K&A KREATIONS LLC  
97 LANG RD  
FORT WALTON BEACH, FL 32547

SUBJECT: K&A KREATIONS LLC  
Ref. Number: L21000525694

We have received your document for K&A KREATIONS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is P11000098529 (ELEVATE INC).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 222A00006240

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

K & A Kreations LLC

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

The Articles of Organization for this Limited Liability Company were filed on 12/14/2021 and assigned  
Florida document number L21000525694

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Elevate of FWB LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

144 Mary Esther Blvd  
Unit 21 Mary Esther  
FL 32569

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

144 Mary Esther Blvd  
Unit 21 Mary Esther  
FL 32569

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Amanda Armstrong

New Registered Office Address:

144 Mary Esther Blvd

Enter Florida street address

Mary Esther

City

Florida

Zip Code

32569

**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.*

Amanda Armstrong  
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>	<u>Address</u>	<u>Type of Action</u>
MGR	LaKeryl Ingram	824 Stonegate Ct	<input type="checkbox"/> Add
		Fort Walton Bch FL	<input checked="" type="checkbox"/> Remove
		32547	<input type="checkbox"/> Change
MGR	Tyler Martin	102 Silva Dr NW	<input checked="" type="checkbox"/> Add
		Fort Walton Bch FL	<input type="checkbox"/> Remove
		32547	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Lakeryl Ingram IS no longer with the Company if she can please be removed as of 01/10/22 and Tyler Martin IS TO be added as of 04/05/22 Can you please give me a email confirmation when completed or phone call please also the name would be changing to Elevate of FWS LLC

E. Effective date, if other than the date of filing: 01/10/22 (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated

April 5th 2022

Ammemela Armstrong

Signature of a member or authorized representative of a member

Amanda Armstrong

Typed or printed name of signee