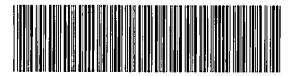
L220000 34089

(Requestor's Name)
(A.D. 300)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Dunings Catity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200431145192

06/11/24--01033--022 **25.00

THE THE PH 1:58

CC/11/24

COVER LETTER

TO:

Registration Section

Division of Cor	•	NNC LLC				
SUBJECT:	LAWN CARE & LANDSCAF Name of Lin	rited Liability Company		_		
The analogue Amides of	Amondment and forces are ach	and the set from Cities.				
	Amendment and fee(s) are sub	-				
Please return all correspo	ndence concerning this matter	to the following:				
	Carl Stultz					
		Name of Person				
	L'EVATE LAWN CARE	& LANDSCAPING LLC				
		Firm/Company		_		
	9139 NW 37th Place					
		Address			14.3	
	Coral Springs, Fl 33065			; —; ; —;		
	ELEVATEPROPERTYMA	City/State and Zip Code MNTENANCEFL@GMAIL.COM		N.B.Y. ABVI		
	E-mail address: (to be used for future annual report not	ification)	ASSE 40 Au	P	-
For further information c	oncerning this matter, please c	ali:		STA E. Fl	PH 1:58	
Carl Stultz		561 400-2878 at ()		. ₩	Ö	
Name o	f Person	Area Code Daytin	ne Telephone Numb	ner	-	
Enclosed is a check for th	ne following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifi	Filing Fe cate of S ed Copy nal copy is	tatus &	
Mailing Addres Registration S	Section	Street Address: Registration Se				
Division of C P.O. Box 632	•	Division of Cor The Centre of T				
Tallahassee, I		2415 N. Monro		810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	ny as it now appears	оп our records.)	-		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	Liability Company)				
	were filed on	Jan 28, 2022		_ and as:	signed
lorida document number L22000034089					
his amendment is submitted to amend the following:					
. If amending name, enter the new name of the limited liab	ility company hei	<u>re</u> :			
ELEVATE PROPERTY MAINTENANCE FL. LLC					
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the de	signation "LLC" or t	he abbrev	iation "L	.L.C."
nter new principal offices address, if applicable:	9139 NW 37TH	Place			
Principal office address MUST BE A STREET ADDRESS)	Coral Springs, Fl	l		TARY OF STATE STAT	
	33065				_
	<u> </u>		**************************************	•	
the Articles of Organization for this Limited Liability Company were filed on	place	75. F. S.			
Mailing address MAY BE A POST OFFICE BOX)	Coral Springs, Fl	<u> </u>	1 L		; 1 {
	33065				<u> </u>
gent and/or the new registered office address here:	nddress on our re	cords, <u>enter the</u> (name o	f the nev	v regi
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florid	da street address			
		, Florid:	ı		
	City			Zip Code	

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 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>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
		- -	Add € →
			□Remove
			SSEE, FL. Sa DAdd
			□Remove
			Remove
			□Add
			□Remove
			□Change

		•	
	· · · · · · · ·		
			
		_	
			
			
	· · · · · · · · · · · · · · · · · ·	25.	
	ĒĹ	:. - :	
	<u> </u>		
	<u>SS</u>	PH	11.
	نيا ي تيان		
	FL	: 58	
fective date, if other than the date of filing:	(optional) .) Duz	
ote: If the date inserted in this block does not meet the applicable statutory fi	ling requirements, this date	gy vursu : will n	ot be listed a
ocument's effective date on the Department of State's records.			
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. is filed.	n, on the earlier of: (b) T	he 90th	day after the
nted June 03) 2024			

EU: E CASOC

Typed or printed name of signee