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To:

Division of Corporations

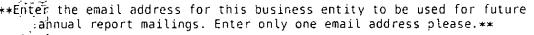
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$rac{2}{8}$ LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **DUARTE ELEV. LLC**

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K. SALY

SEP 13 2024

COVER LETTER

(((H24000306673 3)))

TO: Registration Section Division of Corporations

SUBJECT:		RTE ELEV. LLC			
NOBJECT:		ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	LOVETTE DOBSON				
		Name of Person			
		Firm/Company			
	17350 STATE HWY 249				
	HOUSTON TEXAS 770	Address			
	EFILE1234@INCFILE.CO	City/State and Zip Code			
		to be used for luture annual report no	Hication)		
For further information c	concerning this matter, please c	all:			
LOVETTE DOBSON		8884623453			
Name c	of Person	at () Area Code Daytir	ne Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	□ \$20,00 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 Division of C P.O. Box 632	Section Forporations	Street Address: Registration So Division of Co The Centre of	rporations		
Tallahassee.	FL 32314	2415 N. Monro	oe Street, Suite 810		

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H24000306673 3)))

DUARTE ELEV. LLC

(A Florida Limite)	d Lability Company)
	3. 14
The Articles of Organization for this Limited Liability Compan	by were filed on $\frac{0372272022}{2}$ and assigned $\frac{1}{2}$
Florida document number L22000141618	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
JAB ELEVATION LLC	
The new name must be distinguishable and contain the words "Limited Liab	bility 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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	e address on our records, <u>enter the name of the new registere</u>
N D 1 1007 411	
New Registered Office Address:	Enter Florida street address
	Elovido
	, Florida
New Registered Agent's Signature, if changing Registered Agen	t:
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	s provided for in Chapter 605, F.S. Or, if this document is
If Ch	ranging 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:

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or removed from our records:	(((H24000306673 3))
MGR = Manager	
AMBR = Authorized Member	

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			GChange GRemove. GRemove. Ghange Grange Gran
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			□ Chánge C
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			□Remove
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			[]Change
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Tective date, if other than an effective date is listed, the date	the date of f	iling:	nor to date of thi	ing or more than	(optio	nal) filing.) Pursu	ant to 605.020
ote: If the date inserted in this	s block does n	iot meet the app	dicable statute	ory filing requir	ements, this	date will no	ot be listed a
ocument's effective date on the	e Department	of State's recoi	us.				
record specifies a delayed effe	ctive date, but	not an effectiv	e time, at 12:0	l a.m. on the e	arlier of: (b)	The 90th	day after the
is filed.	,						
Contombos Oth		2024					
September and							
September 9th							

Typed or printed name of signee