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COVER LETTER

TO: Registration Section

Division of Corporations	ì
SUBJECT: Elevated Training as	nd Beauty Academy ted Liability Company
The enclosed Articles of Amendment and fee(s) are sub-	
Please return all correspondence concerning this matter t	to the following:
Destiny Ack	Name of Person
Herated Train	ning and bearty Academy
3612 great (cypness Circle #10
Ruskin Flori	da 33513
destiny shakia	City/State and Zip Code O O O O O to be used for future annual report notification)
For further information concerning this matter, please co	,
Destiny Ackerman	au 941, 803-6508
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 & ☐ \$60.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Elevated Training and Beauty Academy LCC
(Name of the Limbed Liability Company as it now appears on our records.)

(Name of the Limited Liability Con		
The Articles of Organization for this Limited Liability Compa Florida document number <u>L22000 58 76 3</u> .	ny were filed on <u>3/28</u>	202 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
_		
The new name must be distinguishable and contain the words "Limited Li	ability Company." the designa	oress St #
Enter new principal offices address, if applicable:	JUIN W	77.00
(Principal office address MUST BE A STREET ADDRESS)	<u>lumpa, Hi</u>	orida 33609
(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:	ce address on our recor	ds, enter the name of the new registere
Name of New Registered Agent:		
N. B. C. LOW Address		
New Registered Office Address:	Enter Florida s	treet address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	
I hereby accept the appointment as registered agent and a	agree to act in this cape lete performance of my	acity. I further agree to comply with th duties, and I am familiar with and

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 Type of Action - Address <u>Title</u> Name Jevonta Godwin 3404 E. Knollwood St. Tampa, Fronda 33610 _____ Change _____ Change _____ □Remove _____ Change ____ □Add ______Remove _____ □Change _____ □Remove

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€ffect	tive date, if other than the date of filing: 4/28/2022 (optional) Fective 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
f an ef Note:	Tective date is listed, the date must be specific and cannol be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
docun	ment's effective date on the Department of State's records.
· reco	rd 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
rd is f	
~ ·	April 28 , 2022
Dated	
	Signature of a member or authorized representative of a member
	DESTINY ACKERMAN

Filing Fee: \$25.00