L22000184458

| (Requestor's Name) |
|---|
| (Åddress) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

| TO: Registration So Division of Cor | | | |
|---|---|---|---|
| | R GARAGE LLC | | |
| SUBJECT: | Name of Lin | nited 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: | |
| | Connor Oliveri | | |
| | | Name of Person | |
| | Elevate Health | | |
| | | Firm/Company | |
| | 2111 W Swann Ave Suite | 104 | |
| | | Address | <u></u> |
| | Tampa, Florida 33606 | | |
| | | City/State and Zip Code | |
| | droliveri@elevatehealthtarr | - | <u></u> |
| For further information of | E-mail address: (concerning this matter, please c | to be used for future annual report no all: | infection) |
| Connor Oliveri | | 727 433-4460 | |
| Name c | f Person | Area Code Daytii | ne Telephone Number |
| Enclosed is a check for t | he 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) |
| <u>Mailing Addres</u> Registration | | Street Address: Registration Se | ection |
| Registration Section Division of Corporations | | Division of Co | |
| P.O. Box 632 | | The Centre of | |
| Tallahassee, | FL 32314 | 2415 N. Monro | oe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SUPERIOR GARAGE LLC | | | |
|---|--|---|---------------------------|
| (Name of the Lim | ited Liability Company as it n (A Florida Limited Liability C | ow appears on our records.) Company) | |
| The Articles of Organization for this Limited I Florida document number L22000184458 | Liability Company were fil | ed on 04/18/2022 | and assigned |
| This amendment is submitted to amend the fol | llowing: | | |
| A. If amending name, enter the new name | of the limited liability con | npany here: | |
| The new name must be distinguishable and contain the | words "Limited Liability Compa | any," the designation "LLC" or | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STRE | ET ADDRESS) | | |
| | | | |
| Enter new mailing address, if applicable: | | | 1, 2 |
| Mailing address MAY BE A POST OFFICE | <u></u> | | Ü |
| | | | ,• |
| B. If amending the registered agent and/or agent and/or the new registered office addr | | on our records, <u>enter the</u> | name of the new registe |
| Name of New Registered Agent: | Luke Culwell | | |
| New Registered Office Address: | 5014 N Coolidge Ave B | ldg 3 Ste E | |
| | | Enter Florida street address | |
| | Tampa | , Florid | a 33614 |

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 Changing Registered Agent, Signature of New Registered Agent

Zip Code

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> | Address | Type of Action |
|--------------|----------------|------------------------------|----------------|
| VP | Connor Oliveri | 2111 W. Swann Ave, Suite 104 | □Add |
| | | Tampa, Florida 33606 | Remove |
| | | | ☐Change |
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| Note: If the date inserte | r than the date of filing: |
| ne record specifies a delay ord is filed. | yed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Dated 11/06 | 2024 |
| | Signature of a member or authorized representative of a member |
| | |

Filing Fee: \$25.00