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22 MAY 20 AM 8: 31

T. MATTHEWS

JUL 2 2 2022

COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT:		EVATED LLC		
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return a	all correspo	ndence concerning this matter	to the following:	
		GREG P STEMBRIDGE		
			Name of Person	
			Firm/Company	***
		55 MAGNOLIA RIDGE		
		CRAWFORDVILLE, FL.	Address	
		CKAWTOKDVII.DI 11.	City/State and Zip Code	
		E-mail address: (to be used for future annual report not	lication)
For further in	formation co	oncerning this matter, please co	all:	
GREG STEM	IBRIDGE		850 524-9212 at ()	
	Name of	Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
5 \$25.00 Fi	ling 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)
Reg Divi P.O	ing Addressistration Sision of C Box 632 ahassee, I	Section orporations 7	Street Address: Registration Se Division of Co The Centre of 1 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO

DOORS ELEVATED LLC

22 MAY 20 AM 8: 31

(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 $\frac{04/26/2022}{1}$	and assigned
Florida document number L22000197602		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company." the designatio	n "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(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 a	iddress on our records,	enter the name of the new registerer
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
		, Florida
	City	, Florida 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	GREG STEMBRIDGE	55 MAGNOLIA RIDGE	
		CRAWFORDVILLE, FL 32327	□Remove
			Change
			□Add
			□Remove
			Change
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reffective date is listed, the te: If the date inserted i	date must be specific and n this block does not a	d cannot be prior to dat meet the applicable :	e of filing or more th statutory filing rec	nan 90 days after filin juirements, this day	g.) Pursuant to 605.020' le will not be listed as
cument's effective date of					
oard enocifies a delayed	effective date, but not	t an effective time s	t 12:01 am on th	e earlier of: (b)	The 90th day after the
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