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(Re	equestor's Name)
(Ad	ldress)	
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(Cid	ty/State/Zip/Phor	ne #)
PICK-UP	MAIT	MAIL
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(Do	ocument Number	')
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Special Instructions to	Filing Officer:	
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FILED
2022 JUN 30 AHII: 03

COVER LETTER

TO:	Registration Se Division of Cor					
SUBJE	ст: <u>Е</u>	levation	10 Eve	ents		
			Name of Limite	d Liability Company		
The end	closed Articles of	Amendment and	fee(s) are subm	itted for filing.		
Please	return all correspo	ondence concernin	g this matter to	the following:		
			Gera	d Patterson		
				Name of Person		
		E	Tevation	10 Events		
				Firm/Company		
		8925	Wellingto	n Lakes Ct Address		
		Fort	Myers	PL 33908 City/State and Zip Code		
		Ca				
			mail address: (to	Levation 10 ever be used for future annual repor	rt notification)	
For fur	ther information of	concerning this ma	itter, please call	:		
	Gerad	Patteson of Person	ı	at (<u>239</u>) 89 Area Code D	8-6961 Paytime Telephone N	umber
	, varie			7,100 0000	a, ame resoptione r	
Enclos	ed is a check for t	he following amo	unt:			
□ \$2	5.00 Filing Fee	□ \$30,00 Fili Сепіfісаt	ng Fee & e of Status	\$55,00 Filing Fee & Certified Copy (additional copy is enclosed	Ce Ce	.00 Filing Fee, rtificate of Status & rtified Copy ditional 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

-1 = D

Elevation 10	Events, LLC	2022 JUN 30 AM 11:03
(Name of the Limited Liab (A Flor	ility Company as it now appears on our ida Limited Liability Company)	records.)
	6/17	1ACCURIOSCIALICA
The Articles of Organization for this Limited Liability	Company were filed on	2/2022 and assigned
Florida document number <u>L22 000 223 2</u>	21 .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADI	<u>ORESS)</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here	•	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		Florida
	Спу	Zıp 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>	<u>Name</u>	Address	Type of Action
MGR	Someet Shetty	4820 Griffin Blud	⊠ Add
		4820 Griffin Blud Fort Myers, FL 33908	□ Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			[]Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□ Change

(optional) an 90 days after filing.) Pursuant to 605,0207 (uirements, this date will not be listed as t
e earlier of: (b) The 90th day after the
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