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(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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SECRETARY OF STATE
TALLAHASSEE, FL

TETO

## **COVER LETTER**

Registration Section

**Division of Corporations** 

TO:

PATRIOT SUBJECT:	LINE LLC	•	· •
SUBJECT:	Name of Lim	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:	
	Brittany Beall		
		Name of Person	<u>.</u>
	Southern CPA LLC		
		Firm/Company	
	1847 SW 1st Ave		
		Address	
	Ocala, FL 34471		
		City/State and Zip Code	<del></del>
	brittany@southerncpa.net		
	E-mail address: (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Brittany Beall		352 877-3717	
Name of Person			ne Telephone Number
Enclosed is a check for the	ne 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)
Mailing Address Registration S Division of C	Section	<u>Street Address:</u> Registration Se Division of Co	
P.O. Box 632 Tallahassee, 1		The Centre of T	Fallahassee be Street, Suite 810
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Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited Lia	ibility Company)	
The Articles of Organization for this Limited Liability Company w Florida document number	vere filed on <u>07/01/2022</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ty company here;	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" 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)		SECRETE TALLA
B. If amending the registered agent and/or registered office adeagent and/or the new registered office address here:  Name of New Registered Agent:	dress on our records, <u>enter the na</u>	ame of the new register
New Registered Office Address:		
	Enter Florida street address	
	Florida	

## 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
MGR	DINESEN, JOSHUA	1847 SW 27TH AVE. OCALA, FL 34471	<b>=</b> Add
		<del> </del>	□Remove
			□Change
MGR	ELEV8 PROMO, LLC		□Add
		1847 SW 27TH AVE, OCALA, FL 34471	■Remove
			□Change
		<del></del>	□Add
		<del></del>	□Remove
			□Change
		<del></del>	🗆 Add
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Effective date, if other than the d (If an effective date is listed, the date must b Note: If the date inserted in this bloc document's effective date on the Dep	k does not meet the app	dicable statutory fi	(option more than 90 days after fil ling requirements, this d	<b>al)</b> ing.) Pursuant to 605.0207 (3 ate will not be listed as th
ne record specifies a delayed effective ord is filed.	date, but not an effective	e time, at 12:01 a.r	n, on the earlier of: (b)	The 90th day after the
Dated August 22	, 2022	·		
S	ignature of a member or a	athorized representat	ve of a member	

E.P. E. 635.00