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2022 JUL 25 PH 3:44

#### **COVER LETTER**

Division of Corporations
SUBJECT: Elevated Creations LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Chelsea E Shim hers Name of Person
Name of Person
Elevated Creations LLC Firm/Company
1556 W. 20th St
Address
West Palm Beach FL 33404  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (315) 857-1658  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status  □ \$30.00 Filing Fee & Certified Copy (additional copy is enclosed)  □ \$30.00 Filing Fee & 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 Crea	Hons LLC	2022 JUL 25 PH 3: 44
(Name of the Limited	Liability Company as it now appe	ars on our records.)
The Articles of Organization for this Limited Liab	ility Company were filed on _	July 15 2022 and assigned
Florida document number <u>L 22000315 (</u>	<u> </u>	ı
This amendment is submitted to amend the follow	ing:	
A. If amending name, <u>enter the new name of th</u>	e limited liability company	<u>here</u> :
The new name must be distinguishable and contain the word	s "Limited Liability Company." the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
Principal office address MUST BE A STREET	ADDRESS)	
	<del></del>	
Enter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OFFICE BC</u>	<u></u>	
B. If amending the registered agent and/or regi agent and/or the new registered office address b		records, enter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter F	lorida street address
		, Florida
	City	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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MMBR	Chelseà E. Summers	1556 w don 5+	🗀 Add
		West Pall Beach	□Remove
		FL 33404	XChange
AMBR	Evelyn A. Josbena	1556 W dot 5+	<b>X</b> Add
		Wost Palm Beach	□Remove
		FL 33404	□Change
			□Add
			□Remove
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			□Change

## Page 2 of 3

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