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(Red	questor's Name)	
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COVER LETTER

	gistration Sec ision of Corp			
CUDIECT.	ELEVATE	ESTATES SPRING HILLS	LLC .	
SUBJECT:		Name of Lim	ited Liability Company	,
The enclosed	f Articles of /	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	į.
			YITZCHAK KESSOCK	
			Name of Person	-1 PM 12: 07
			Firm/Company	2: 07
			7320 ANDORRA PL	
			Address	
		E	BOCA RATON, FL 33433	
			City/State and Zip Code	
		E mail addresse I	ytk12@aol.com to be used for future annual report not	(fication)
For further in	nformation co	oncerning this matter, please ca		The and the
ELYSA R.	MERLIN, ES	Q.	305 921-9421	
Name of Person		Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a	a check for th	e following amount:		
■ \$25.00 B	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)
Re Div P.C	iling Address gistration S vision of Co D. Box 632' Hahassee, F	ection orporations 7	Street Address: Registration So Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	rporations Tallahassee oe Street, Suite 810

8EP 0 1 2022 R. HUNT

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELEVAT	TED ESTATES SPRING HILLS LLC	
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number <u>L22000329965</u>	ility Company were filed on 07/26/2022	and assigned
This amendment is submitted to amend the follow	ing:	0; 20
A. If amending name, enter the new name of th	ne limited liability company here:	7. 28. V. 18. I.S. I.A. 18. I.S. I.A. 18. I.S. I.A. 18. I.S. I.A. 18. I.A.
ELEVATED ESTATES OF SPRING HILL LLC		SEP - SEP
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the	abbreviation 1.1.
Enter new principal offices address, if applicab	le:	PH 12:
(Principal office address MUST BE A STREET)	ADDRESS)	2: AFE
		77
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered office address I Name of New Registered Agent:	istered office address on our records, <u>enter the na</u> here:	me of the new registere
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida 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
			□Add
			□Remove
			□Change
			□Add
			Chemowe
			SECHTTAR SECHTTAR VISIONEUF C
			PADEORATION REPORT
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lf an effective <u>Note:</u> If th	late, if other than e date is listed, the date the date inserted in the s effective date on the	must be specific a is block does not	nd cannot be pri meet the app	licable statutory fi	r more than 90 days a		
e record spe rd is filed.	ecifies a delayed eff	ective date, but n	ot an effective	e time, at 12:01 a.r	m, on the earlier of	(b) The 90	th day after the
Dated	August	24 Ji	. 202	thorized representation	tive of a member		
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