

L220000453993

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

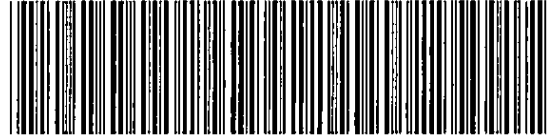
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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KH
1/24/24

2024 JAN -3 PM 2:19
SEC. TAYLOR OF STATE
TALLAHASSEE, FL

FILED

Dear Sir/Madam,

I am writing to submit the necessary documentation and fee for the amendment of the Articles of Organization for **ELEVATED CLEANERS, LLC**, a Florida Limited Liability Company. The purpose of this amendment is to remove a current member.

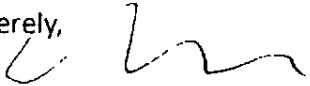
Enclosed, please find the following documents:

- Amended Articles of Organization: This document outlines the proposed changes to the Articles of Organization in accordance with the Florida Limited Liability Company Act.
- Filing Fee: A check/money order for \$25, payable to the Florida Department of State, is included to cover the required filing fee.
- Cover Letter: This letter serves as our formal request for the amendment and includes all necessary contact information.

Please review the enclosed documents and, if everything is in order, process the amendment at your earliest convenience. If there are any issues or additional information required, please do not hesitate to contact me at 561-647-3882 or victoria@wholisticlegalsolutions.com.

We appreciate your prompt attention to this matter and thank you for your assistance in ensuring the accurate and up-to-date record of our company with the Florida Department of State.

Sincerely,


Victoria Powell, Esq.



COVER LETTER

TO: **Registration Section
Division of Corporations**

ELEVATED CLEANERS LLC

SUBJECT: _____
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:

Michael Ferguson

Name of Person

Elevated Cleaners LLC

Firm/Company

7901 4th St N STE 300

Address

St. Petersburg, FL 33701

City/State and Zip Code

michael@elevated.cleaning

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ms. Victoria Powell, Esq.

561

647-3882

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 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

2024 JAN -3 PM 2:19
STATE OF FLORIDA
TALLAHASSEE, FL

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

ELEVATED CLEANERS LLC

(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 October 21, 2022 and assigned
Florida document number 1.22000453993.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability 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:

(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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

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>	<u>Type of Action</u>
AMBR	BENNETT TIMMERMAN	7901 4TH ST N STE 300	<input type="checkbox"/> Add
		ST. PETERSBURG, FL. 33702 US	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

FILED
2019 JAN 28 PM 5:19
STATE OF FL
ST. PETERSBURG, FL

2014 JAN -3 PM 2:19
SUN. CO. OF STATE
TALLAHASSEE, FL

FILED
2024 JAN -3 PM 2:19
CLERK OF DISTRICT COURT
TALLAHASSEE, FL

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 12-28-23

John W. ...

Victoria Powell

Typed or printed name of signee