

L72000490006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

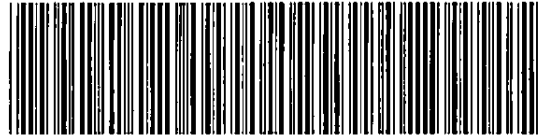
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2024 NOV 21 PM 1:33
SECRETARY OF STATE
TALLAHASSEE, FL

43

COVER LETTER

**TO: Registration Section
Division of Corporations**

Elev850, 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:

Melissa Kieffer

Name of Person

Elev850, LLC

Firm/Company

7971 SW 80th Ln

Address

Gainesville, FL 32608

City/State and Zip Code

kiefferm4@yahoo.com

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

For further information concerning this matter, please call:

Melissa Kieffer

910 4294103

Name of Person at (_____) _____
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

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

Elev850, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED

2024 NOV 21 PM 1:33

SECRET and assigned
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on November 16, 2022
Florida document number 92-3346350

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)

Melissa Kieffer

7971 SW 80th LN

Gainesville, FL 32608

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Melissa Kieffer

7971 SW 80th Ln

Gainesville, FL 32608

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:

Melissa Kieffer

New Registered Office Address:

7971 SW 80th LN

Enter Florida street address

Gainesville

Florida 32608

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	Aaron Griffin	960 Southern Oaks Ct	<input type="checkbox"/> Add
		Fort Walton Beach, FL 32547	<input checked="" type="checkbox"/> Remove
		(Remove Member)	<input type="checkbox"/> Change
AMBR	Rusty Kirmse	8668 Navarre Parkway #278	<input type="checkbox"/> Add
		Navarre FL 32566	<input type="checkbox"/> Remove
		(Change Address)	<input checked="" type="checkbox"/> Change
AMBR	Melissa Kieffer	7971 SW 80th LN	<input type="checkbox"/> Add
		Gainesville, FL 32608	<input type="checkbox"/> Remove
		(Change Address)	<input checked="" type="checkbox"/> Change
N/A			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
N/A			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
N/A			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

E. Effective date, if other than the date of filing: N/A (optional)

(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)

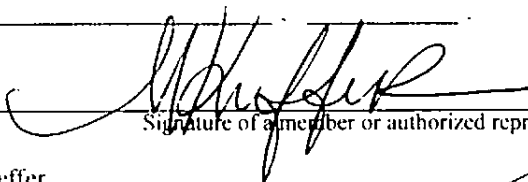
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

October 1

2024

Dated



Signature of a member or authorized representative of a member

Melissa Kieffer

Typed or printed name of signee

- Check # 158 Enclosed

MK 10/1/24