

L23000036728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

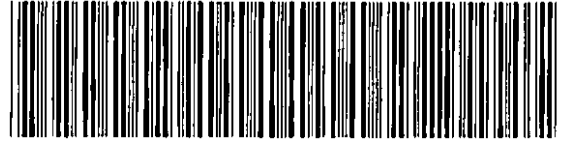
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

J. HORNE  
OCT 13 2023

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RECEIVED

2023 OCT 12 PM 3:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

23 OCT 12 AM 11:59

FILED  
2023 OCT 12 PM 1:43

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DR

TALLAHASSEE, FL 32309

(850) 524-5437 / (850) 524-6243 / (850) 491-9625

**Please use funds from this account: I20210000160: \$25.00**

**Authorization Signature:**  **:**

**HIGHLY ELEVATED LLC**

**L23000036728**

**BUSINESS NAME**

**DOCUMENT #**

☐ Certified Copy

☐ Certificate of Status

**NEW FILINGS**

☐ Profit Corp

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ LLLP

☐ CORP

☐ Other

☐ Other

**AMMENDMENTS**

☒ **Amendment**

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Revocation of Dissolution

☐ Merger

☐ Articles of Conversion

☐ Restated Articles of Incorporation

☐ Statement of Authority

**OTHER FILINGS**

☐ Apostille

☐ Country

☐ Annual Report

☐ Fictitious Name

**REGISTRATION/QUALIFICATIONS**

☐ Foreign filing

☐ Reinstatement

☐ Qualification

☐ Other

**EXAMINER'S INITIALS: \_\_\_\_\_**

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**EXAMINER'S INITIALS:** \_\_\_\_\_

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Highly Elevated 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:

Brianne Schultz  
Name of Person

Green Artist / WaterBull Enterprises LLC  
Firm/Company

457 W. Dearborn St  
Address

Englewood FL 34223  
City/State and Zip Code

waterbull457@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brianne Schultz at (517) 667-9182  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

Highly Elevated 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 1/19/2023 and assigned  
Florida document number L23000036728

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)

511 Interstate Ct  
Sarasota FL 34240

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

511 Interstate Ct  
Sarasota FL 34240

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:

511 Interstate Ct  
Enter Florida street address  
Sarasota, Florida 34240  
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

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

<u>MBR</u>	<u>Water Bull Enterprises LLC</u>	<u>4884 Hightower Rd</u>	<input type="checkbox"/> Add
		<u>North Port FL 34288</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>          </u>	<u>                                </u>	<u>                                </u>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>          </u>	<u>                                </u>	<u>                                </u>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>          </u>	<u>                                </u>	<u>                                </u>	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>          </u>	<u>                                </u>	<u>                                </u>	<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.)

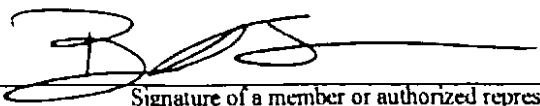
Water Bull Enterprises LLC recently filed  
an address change updating it to  
457 W. Dearborn St  
Englewood FL 34223  
I included the original Hightower Rd  
address because that is what shows on the  
current records for Highly Elevated LLC

Thank you.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (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.

Dated October 12, 2023.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
  
Brianne Schultz  
\_\_\_\_\_  
Typed or printed name of signee