

L23C00205908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

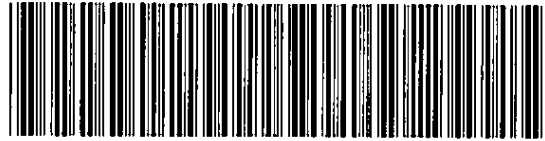
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2023 MAY 23 AM 10:50

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A. BUTLER

MAY 24 2023



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I200000000088

Date: 05/22/2023

Name: Merritt Walker

Reference #: 2007411

Entity Name: ELEVATE PROVIDER SOLUTIONS LLC

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other CERTIFIED COPY OF THE FILING EVIDENCE

Authorized Amount: \$55

Signature: mw

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Elevate Provider Solutions 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:

Nathan Rekant

Name of Person

AOM Services, LLC

Firm/Company

207 Rockaway Tpke

Address

Lawrence, NY 11559

City/State and Zip Code

nathan@aomservicesllc.com

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

For further information concerning this matter, please call:

Nathan Rekant

516 295-3294
at ()
Area Code Daytime Telephone Number

Name of Person

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

1

2023 MAY 20 AM 10:50

(A Florida Limited Liability Company)

4/26/2023

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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>
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_____ ☐ Add

Remove

[Change](#)

☐ Add

[Remove](#)

☐ Change

☐ Add

[Remove](#)

Year	Number of people (millions)
1996	18.5
2000	18.0
2004	17.5
2008	17.0
2012	16.8
2016	16.5

_____ ☐ Add

_____ ☐ Remove

_____ ☐ Change

☐ Add

Remove

_____ ☐ Change

_____ ☐ Add

Remove

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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 May 19th 2023

[Handwritten signature]

Nathan Rekant

Typed or printed name of signee