La3000410784

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Submitted Emily Hame)
(Document Number)
Certified Copies Certificates of Status
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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 5, 2024

ROBERT C GERDT 1242 SW PINE ISLAND RAODM, SUITE 42-258 CAPE CORAL, FL 33991

SUBJECT: ELETECH ELEVATOR SOUTH, LLC

Ref. Number: L23000410784

* ZESUFMIGNION

ATTACHTÜ

ON LIC FORM.

ON MINGHEDT

ROPPITAT

ROPPITAT

WM M

We have received your document for ELETECH ELEVATOR SOUTH, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida profit corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Morgan E Lovett Regulatory Specialist II

Letter Number: 324A00002414

RECEIVED FEB 23 2024 COVER LETTER DN: L23000410784 LN: 324 A00002414

TO: Registration Section **Division of Corporations**

UBJECT:	Name Change:	Eletech Elevator South, L	LC to ARK Elevator, LLC			
OBJECT.		Name of Lim	ited Liability Company			
he enclosed	Articles of Am	endment and fee(s) are sub	mitted for filing.			
lease return	all corresponde	nce concerning this matter	to the following:			
		Robert C. Gerdt				
			Name of Person	•		
Eletech Elevator South, LLC						
Firm/Company						
	1242 SW Pine Island Road, Suite 452-258					
		Address				
		Cape Coral, FL 33991				
			City/State and Zip Code	·		
	t	ob-gerdt@ark-elevator.cor				
	_	E-mail address: (to be used for future annual re	eport notification)		
or further ir	iformation conc	erning this matter, please ca	all:			
Robert Gerdi	t		904 994- at ()	-3033		
	Name of Pe	rson	Area Code	Daytime Telepho	one Number	
Enclosed is a	check for the fo	ollowing amount:				
□ \$25.00 F	Filing Fee 1	■ \$30.00 Filing Fee & Certificate of Status	S55.00 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

Eletech Elevator South, LLC

(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears o Liability Company)	n our records.)	
The Articles of Organization for this Limited I	Liability Company	were filed on Sept.	1, 2023	and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited lial	oility company here	:	
ARK Elevator, LLC				
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the desi	gnation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if appli	icable:	(no change / not ap	plicable)	
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:		(no change / not ap	pplicable)	
(Mailing address MAY BE A POST OFFICE	E BOX)			
(Muning and Cay Maria Bearing Control				
B. If amending the registered agent and/or agent and/or the new registered office address Name of New Registered Agent:			ords, <u>enter the name of</u>	the new register
New Registered Office Address: (no change / r		ot applicable)		
		Enter Florida street address		
			, Florida	-
		City	7	Cip Code
New Registered Agent's Signature, if changing	Registered Agent	<u>•</u>		
I hereby accept the appointment as register provisions of all statutes relative to the proaccept the obligations of my position as registeng filed to merely reflect a change in the company has been notified in writing of this	per and complete gistered agent as e registered office	e performance of m provided for in Ch	y duties, and I am fami apter 605, F.S. Or, if th	iliar with and his document is
	H Cha	inging Registered Agen	t. Signature of New Registe	red Agent

nh

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
			□Remove
			Change
			□Add
			□Remove
			☐ Change
			DAdd
			□Remove·
			□Remove
			□Change
			□ Add
			□Remove
			□Change

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	From: Eletech Elevator South,	
	From: Eletech Elevator South,	LLC
	To: ARK Elevator, LLC	
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		-
_		
lf an effe <u>Note:</u> 1	ve date, if other than the date of etive date is listed, the date must be special of the date inserted in this block does ent's effective date on the Department	ific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 is not meet the applicable statutory filing requirements, this date will not be listed a
e record rd is file		out not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated _	February 16	2024
	1.1.11	

4-4 Filing Fee: \$25.00

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