L23000469710

(R	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT:Elevated	d Properties, LLC				
	Name of Lin	nited Liability Company			
	Amendment and fee(s) are sub	_			
,	Ç	J			
	Tyler Allen				
		Name of Person			
	Elevated Propert	Elevated Properties, LLC Firm/Company 5204 Lake Washington St Address Winter Garden, FL 34787 City/State and Zip Code elevatedhomesfl@gmail.com E-mail address: (to be used for future annual report notification) ning this matter, please call:			
		Firm/Company			
	5204 L				
		Address			
	Winte				~)
					• .
			report notification)	<u>.</u>	· .
For further information ed	oncerning this matter, please c	all:			•
Tyler Allen		//	642-4867		0.35
Name of	Person	Area Code	Daytime Teleph	ione Number	0:1
Enclosed is a check for th	e following amount:				
□ \$25.00 Filing Fee	☒ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee a Certified Copy (additional copy is enc		Certified C	of Status &
Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Division The Cen	ddress: ation Section n of Corporation ntre of Tallaha . Monroe Stree	ssee)

Tallahassee, FL 32303

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

Elevated Properties, LLC	
(<u>Name of the Limited Liability Company as it r</u> (A Florida Limited Liability (now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fi	That on 10/12/2023 and assigned
	fied on and assigned
Florida document number <u>L23000469710</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability con	ompany here:
ATM Home Buyers, LLC	
The new name must be distinguishable and contain the words "Limited Liability Comp	ipany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
• •	4.3
(Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
	•
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 agent and/or the new registered office address here:	s on our records, <u>enter the name of the new reg</u>
Name of New Registered Agent:	
New Registered Office Address:	
<u></u>	Enter Florida street address
	Enter Florida street address Florida tv Zin Code

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>	Address	Type of Action
MGR	Anthony Allen	309 Stone Valley Xing, Canton, GA 30114	🏿 Add
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	The Allen	or authorized tepres			·
ated June 27th	2024	··)
record specifies a delayed effe d is filed.	ctive date, but not an effe	ctive time, at 12:0	l a.m. on the earlier o	f: (b) The 90	Oth day after the
lote: If the date inserted in thi ocument's effective date on th	s block does not meet the	applicable statuto	ry filing requirements	, this date wil	I not be listed as
ffective date, if other than an effective date is listed, the date	the date of filing:	be prior to date of fil	ng or more than 90 days	optional) after filing.) Pu	rsuant to 605.0207
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Typed or printed name of signee