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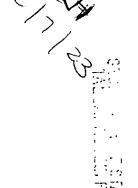
(Requestor's Name)				
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PICK-UP WAIT	MAIL			
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(Document Number)				
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COVER LETTER

TO: Registration S Division of Co	rporations	'		
SUBJECT:	Elevated Name of Lim	Capital LL ited Liability Company	<u></u>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		Brian Johnson	pΛ	
		Name of Person		
		Elevated Capita	11 26 C	
		Firm/Company		
	808 N	Franklin JT Address	3103	
	Tom	on FL 3360 City/State and Zip Code an insurance el	2	
	7 .	City/State and Zip Code		
	E-mail address: (to be used for future annual report notice	evates. US	
For further information	concerning this matter, please c	all:	,	
Brian	Johnson	at (<u>\$13</u>) 610 Area Code Daytim	7545	
Name (of Person	Area Code Daytime	e Telephone Number	
Enclosed is a check for	the following amount:		2023 HOW	5 \$,- \ 2' +
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy: (additional copy is enclosed)	مهر به ۱۳۹۳ م ایال ایال ایال ۱۳۹۳ می ۱۳۹۳ می

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

Elevated Capital LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
he Articles of Organization for this Limited Liability Company were filed on
his amendment is submitted to amend the following:
. If amending name, enter the new name of the limited liability company here:
ne new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)
nter new mailing address, if applicable:
Aailing address MAY BE A POST OFFICE BOX)
. If amending the registered agent and/or registered office address on our records, enter the name of the new registered ent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address Florida
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 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	#3103	Type of Action
M6R	Brian Johnson	308 N 3	Franklin STA Tampa FC	33602 (MAdd
				Петюve
				□Change
				□Add
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				Change
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				Renjoye
				Change
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		-,,		Change
				□ Add
				□Remove
				□ Change

If amending any other information, enter change(s) here: (Attack	ch additional sheets, if necessary.)
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	in state
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of	(optional) TH S
an effective date is listed, the date must be specific and cannot be prior to date of lote: If the date inserted in this block does not meet the applicable statiocument's effective date on the Department of State's records.	tiling or more than 90 days after filing.) Pursuant to 605.0207 (utory filing requirements, this date will not be listed as t
record specifies a delayed effective date, but not an effective time, at 12 is filed.	2:01 a.m. on the earlier of: (b) The 90th day after the
ated	
Signature of a member or authorized rep	resentative of a member
Signature of a member or authorized rep	resentative of a member

Typed or printed name of signee