Florida Department of State L 2301 **Division** of Cons

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(((H24000051462 3)))



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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ELEVATED STANDARDS L.L.C.

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COVER LETTER

TO:	Registration Sec Division of Corp			(((H24000051462 3)))
CHRIL	CT:		STANDARDS L.L.C.	
SOBJE	<u>.</u>		ited Liability Company	
The en	closed Articles of /	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspor	dence concerning this matter	to the following:	
		LOVETTE DOBSON		
			Name of Person	
			Firm/Company	
		17350 STATE HWY 249 5	STIE 220	
			Address	
		HOUSTON, TX 77064		
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LOVE	TTE DOBSON		at ()	
	Name of	Person	Area Code Daytime	Felephone Number
Enclose	ed is a check for the	ofollowing amount:		
₩ \$2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sol.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S Division of Cc P.O. Box 6327 Tallahassee, F	ection orporations	Street Address: Registration Sect Division of Corpe The Centre of Ta 2415 N. Monroe Tallahassee, FL 3	orations Ilahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H240000514623)))

(((H240000514623)))

ELEVATED STANDARDS L.L.C.			
(Name of the Limited Liability (A Florida	y Company as it now appears Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Co Florida document number L23000539370	ompany were filed on 12/0	05/2023 ar	nd assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company her	<u>re</u> :	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the de	signation "LLC" or the abbreviati	on "1L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR.	ESS)		2025
	<u> </u>	LEG AND	
Enter new mailing address, if applicable:		SVE HAS	- i
(Mailing address MAY BE A POST OFFICE BOX)			
Brunng duaress SIAT BE A LOST OF FICE DOXY	· · · · · · · · · · · · · · · · · · ·	<u>ਾ;</u>	
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	office address on our red	cords, <u>enter the</u> name of th	e new registero
New Registered Office Address:	Enter Flore	la street address	
	12/10/1 17/10		
	Cuy	, Florida Zip	Code
New Registered Agent's Signature, if changing Registered	Agent:		
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and conaccept the obligations of my position as registered againg filed to merely reflect a change in the registered company has been notified in writing of this change.	omplete performance of a sent as provided for in Cl	ny duties, and I am familio hapter 605, F.S. Or, if this	r with and document is
	If Changing Registered Age	nt, 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:

(((H240000514623)))

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Nicholas Kitchen	13030 Kain Palms Ct	≣Add
		Apt.105	Remove
		Tampa, FL 33612	Change
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
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octive date, if other than the date in effective date is listed, the date must be te: If the date inscried in this block cument's effective date on the Depar	te of filing:
cord specifies a delayed effective da is filed.	ate, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
fEBRUARY 6	2024
	mature of a member of authorized representative of a member

Filing Fee: \$25.00