

8/30/24, 11:54 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L240002950413

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : TAX ZONE INC.
Account Number : I20190000044
Phone : (407)888-3131
Fax Number : (888)453-0509

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: ACCOUNTANT@taxzonefl.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LFIORINO COSULTING LLC

Certificate of Status	0
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Page Count	06
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Corporate Filing Menu

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K. SALY

SEP 10 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LFIORINO CONSULTING LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ED KOTLER

Name of Person

TAX ZONE, INC

Firm/Company

8865 COMMODITY CIRCLE SUITE 4

Address

ORLANDO, FL

City/State and Zip Code

ACCOUNTANT@TAXZONEFL.COM

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

For further information concerning this matter, please call:

LORIANA FIORINO

407

414-0470

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LFIORINO CONSULTING LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2024 SEP -9 AM 4:21
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/21/2024 and assigned
Florida document number L24000091257.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ELEVATE COUNSELING SOLUTIONS LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3065 DANIELS RD

WINTER GARDEN, FL 34787

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3065 DANIELS RD

WINTER GARDEN, FL 34787

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida

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 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>
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	☐ Change

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2024 SEP 9 AM 4:21
FALL RIVER, MA
FALL RIVER, MA
FALL RIVER, MA

2004 SEP -9 AM 4:2
TALLAHASSEE, FLORIDA

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2024 SEP -9 AM 4:21
CLERK'S OFFICE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00