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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.\*\*

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

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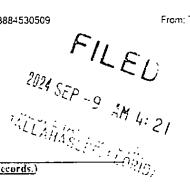
K. SALY

18884530509

## COVER LETTER

TO: Registration : Division of Co			
LFIORIN	O CONSULTING LLC		
SUBJECT:	Name of Lin	nted Liability Company	
The enclosed Articles o	of Amendment and fec(s) are sub	omitted for filling.	
Please return all corresp	nondence concerning this matter	to the following:	
	ED KOTLER		
		Name of Person	
	TAX ZONE, INC		
		Firm/Company	
	8865 COMMODITY CIR	LCE SUITE 4	
		Address	
	ORLANDO, FL		
		City/State and Zip Code	
	ACCOUNTANT@TAXZO	NEFL.COM to be used for future annual report no:	(Certion)
For further information	concerning this matter, please of		,
LORIANA FIORINO		407 414-0470	
Name	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for	the following amount:		
CB, \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55,00 Fiting Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclose
Mailing Addre Registration		Street Address: Registration Sc	ection
Division of	Corporations	Division of Co	rporations
P.O. Box 63 Tallahassee,		The Centre of 2415 N. Monro	Fallahassee be Street, Suite \$10
i minimasoo,		Tallahassee, FI	

## 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)

The Articles of Organization for this Limited Liability Company	were filed on 02/21/2024	and assigned	
Florida document number 1.24000091257			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
ELEVATE COUNSELING SOLUTIONS LLC			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L	.LC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	3065 DANIELS RD	Line and Appropriate Control of the	
(Principal office address MUST BE A STREET ADDRESS)	WINTER GARDEN, FL 34	787	
Enter new mailing address, if applicable:	3065 DANIELS RD		
(Mailing address MAY BE A POST OFFICE BOX)	WINTER GARDEN, FL 34	787	
agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>ent</u>	er the name of the new registered	
f amending name, enter the new name of the limited liability company here:  VATE COUNSELING SOLUTIONS LLC  ew name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbre of new principal offices address, if applicable:    1065 DANIELS RD	lress		
	, Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			

If Changing Registered Agent, Signature of New Registered Agent

18884530509

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = A	Authorized Member		
Title	Name	Address	Type of Action
			□Add
			□Remove
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			D'Charlee
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			□Remove
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			Remove
			☐ Change
<del></del>			□Add
			□Remove
			☐ Change

	ing any other information, enter change(s) here: (Attach additional sheets, if necessary:)	
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Note: If the	e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list seffective date on the Department of State's records.	ed as
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he record spe ord is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r the
Dated	AUGUST 29 2024	
-	U. P. To	