L24 000 230 291

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL
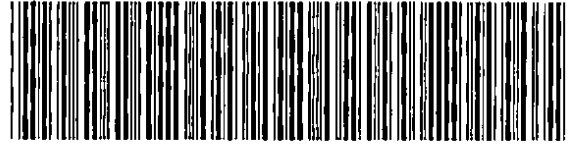
(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

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COVER LETTER

ECT: __ALL RISE ELEVATOR, LLC__
   Name of Limited Liability Company

nclosed Articles of Amendment and fee(s) are submitted for filing.

e return all correspondence concerning this matter to the following:

__Luis F. Colon__
   Name of Person

__ALL RISE ELEVATOR, LLC__
   Firm/Company

__8157 Bristol Bay Ave__
   Address

__Lakeland FL, 33810__
   City/State and Zip Code

__LSCOLON 15@GMAIL.COM__
   E-mail address: (to be used for future annual report notification)

further information concerning this matter, please call:

__is F. Colon - Manager__   at (954) 329-9551
   Name of Person   Area Code   Daytime Telephone Number

:losed 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

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

Articles of Organization for this Limited Liability Company were filed on _05 / 17 /2024_ and assigned

da document number _L24000230291_ .

amendment is submitted to amend the following:

.f amending name, **enter the new name of the limited liability company here:**

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

er **new principal offices address,** if applicable: _8078 Brookeshire Dr._

'ncipal office address *MUST BE A STREET ADDRESS)*   _Lakeland, FL 33809_

ter **new mailing address,** if applicable: _P.O. BOX 842_

ailing address *MAY BE A POST OFFICE BOX)*   _KATHLEEN, FL 33849_

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

ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability mpany has been notified in writing of this change.

_____
If Changing Registered Agent, Signature of New Registered Agent

ending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added</u> <u>moved from our records</u>:

ₗ = Manager
ₗR = Authorized Member

<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

amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

_____

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Effective date, if other than the date of filing: _____ **(optional)**
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)   The 90th day after the d is filed.

Dated   NOVEMBER 03 , 2024 .

_____
Signature of a member or authorized representative of a member

    LUIS F. COLON
_____
Typed or printed name of signee