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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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DGPerry 999 Vanderbilt Beach Rd. Suite 707 Naples, FL 34108

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

COVER LETTER

. . .

SUBJEC	CT:	Name of Limit	ed Liability Company	
The encl	BJECT: Name of Limited Liability Company			
Please re	eturn all correspo	ndence concerning this matter t	o the following:	
		ANDREW CAINE		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
		KW ELEVATE LUXURY	LLC	
			Firm/Company	
		6216 TRAIL BLVD BLDC		
		NAPLES FL 34108		
			City/State and Zip Code	
		E-mail address: (t	o be used for future annual report noti-	fication)
For furt	her information e	oncerning this matter, please ca	all:	
ANDR	EW CAINE		214 277-2778	
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclose	d is a check for t	he following amount:		
a \$25	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	Registration	Section Corporations 27	Registration Se Division of Co The Centre of	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KW ELEVATE LUXURY LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
he Articles of Organization for this Limited Liability Com	pany were filed on 05/22/2024	and assigned
lorida document number		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	d liability company here:	
LEVATE LUXURY LLC		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
		7.07
Principal office address MUST BE A STREET ADDRES	337	<i>.</i>
		 -l
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		္
		<u> </u>
3. If amending the registered agent and/or registered o	office address on our records, enter t	he name of the new regist
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		. <u></u> .
	Enter Florida street address	
	, Flo	rida
	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 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>	Name	Address	Type of Action
MGR	Jeffery Jones	1913 Manchester Circle	≅ Add
		Naples, FL 34109	©Remove
			□Change
			□Add
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			□Change
			□Add
			□Remove
		ALCO TO THE STATE OF THE STATE	Change
			□Add
			Петюче
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If an effective date Note: If the da	if other than the date of is listed, the date must be spoon or inserted in this block do ctive date on the Department.	ecific and cannot be poses not meet the ap	plicable statutory	r more than 90 days af	tional) ter filing.) Pursuant to 605 his date will not be list	5.020 ted a
e record specifi rd is filed.	s a delayed effective date,	, but not an effecti	ve time, at 12:01 a	m. on the earlier of:	(b) The 90th day after	er th
	0/3	•				
Dated	-6/ 3		<u> </u>			
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