

L24000237269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

N/A.
done on 09/17/24 so name
is not available

Office Use Only



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09/20/24--01003--001 **25.00

2024 OCT 29 PM 4:57

FILED

Name Change

OCT 29 2024

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Elevate Luxury LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Jeffrey Jones

Name of Person

Elevate Luxury LLC

Firm/Company

6216 Trail Blvd Building C

Address

Naples, FL 34109

City/State and Zip Code

JonesNaples@KW.com

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

For further information concerning this matter, please call:

Jeffrey Jones

239

777-1730

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

2021 OCT 29 PM 4:57

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 10, 2024

JEFFREY JONES
ELEVATE LUXURY LLC
6216 TRAIL BLVD BUILDING C
NAPLES, FL 34109

SUBJECT: ELEVATE LUXURY LLC
Ref. Number: L24000237269

We have received your document for ELEVATE LUXURY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Operations Manager A

Letter Number: 524A00022255

Affidavit

NAME RELAESE

I, Heather Caine, acknowledge that I am a managing member of Creative Home Network LLC, which was voluntarily dissolved on September 17, 2024.

Being duly sworn, I hereby swear under oath that I do hereby release the rights to the name Creative Home Network.

Under penalty of perjury, I hereby declare and affirm that the above-mentioned statement is, to the best of my knowledge, true and correct.

Affiant's Signature: Heather Caine

Date: 10-28-24

STATE OF FLORIDA

COUNTY OF COLLIER

The foregoing instrument was acknowledged before me this October
28th day of 2024, by Heather Caine.

Personally known: X OR Produced Identification: X

Type of Identification Produced: FL Driver License



[Signature]
Signature of Notary Public

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Elevate Luxury 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 05/22/2024 and assigned
Florida document number L24000237269

This amendment is submitted to amend the following:

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

Creative Home Network 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

_____, **Florida** _____
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

[illegible]

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

EIN Number is changed to 99-3454516

[illegible]

E. 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.

If the 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 record is filed.

Dated September 14 2024

Jeffrey Jones
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00