

L 24000344782

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

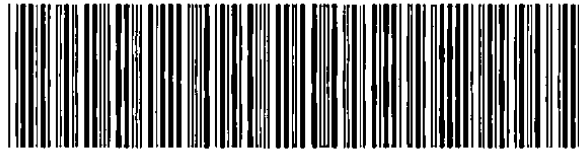
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2024 NOV 15 PM 12:05

**Registration Section  
Division of Corporations**

ST: Elevate Property Services FL LLC  
Name of Limited Liability Company

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

eturn all correspondence concerning this matter to the following:

William Cattell  
Name of Person

Elevate Property Services FL LLC  
Firm/Company

6604 64th Ter E  
Address

Bradenton, FL 34203  
City/State and Zip Code

Seamonkea@gmail.com  
E-mail address: (to be used for future annual report notification)

urther information concerning this matter, please call:

am Cattell at ( 808 ) 347-2333  
Name of Person Area Code Daytime Telephone Number

sed 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

**TO  
ARTICLES OF ORGANIZATION  
OF**

Elevate Property Services FL 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 08/06/2024 and assigned document number L24000344782.

A amendment is submitted to amend the following:

**Changing name, enter the new name of the limited liability company here:**

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

**Changing principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

**Changing new mailing address, if applicable:**

(New mailing address MAY BE A POST OFFICE BOX)

**Changing 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

**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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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

**owed from our records:**

**Manager**

**= Authorized Member**

[illegible]

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

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)

g. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the instrument's effective date on the Department of State's records.

Word 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 filing.

November 1st 2024



Signature of a member or authorized representative of a member

William J Cattell

Typed or printed name of signee