

M21000016139

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

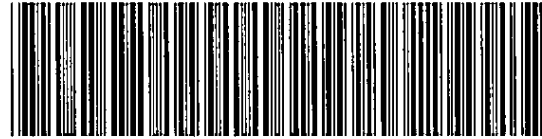
Certified Copies _____ Certificates of Status _____

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12/19/22--01026--015 **30.00

2023 APR -6 AM 9:21
FILED
MAY 1 2023
MAY 1 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Elevation Vacation Rentals, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert L. Grass, Jr.
Name of Person

Elevation Vacation Rentals, LLC
Firm/Company

324 McKinley Ave
Address

Charleston, WV 25314
City/State and Zip Code

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

For further information concerning this matter, please call:

Robert L. Grass, Jr at (304) 553-9800
Name of Person Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

FILED
2023 APR -6 AM 9:21
STATE OF FLORIDA
TALLAHASSEE, FL

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Elevation Vacation Rentals, LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

324 McKinley Ave

Charleston, WV 25314

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M21000016139

3. Jurisdiction of its organization: West Virginia

4. Date authorized to do business in Florida: 11/21/21

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Manager</u>	<u>Robert L. Grass, Jr</u>	<u>324 McKinley Ave</u> <u>Charleston, WV 25314</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>Manager</u>	<u>Gregory McNeely</u>	<u>16531 SW, 120th Place</u> <u>Cedar Keys, Florida 32625</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Adrienne Samples
Signature of the authorized representative

Adrienne Samples

Typed or printed name of signer

Filing Fee: \$25.00



Amendment Filing

For filing with the West Virginia Secretary of State
a Business for West Virginia Partner
tel: (304) 558-8000

Organization Name	ELEVATION VACATION RENTALS, LLC
Organization Type	Limited Liability Company
Charter Type	Domestic
Class	For Profit
Home State	WV
WV Effective Date	09/28/2019
Filing Date	12/03/2022
Change Business Name?	No
Other Amendment Info	The limited liability company shall be manager-managed and the name and address of each Manager is Robert L. Grass, Jr. 324 McKinley Avenue, Charleston, WV 25314 and Gregory McNeely 16531 SW, 120th Place Cedar Key, FL 32625
Contact Name	Mark A Ferguson
Contact Phone	(304)342-9100
Contact Email	bp@fl-wv.com

I certify the information provided is true. I further certify that I am a member or manager or individual holding a power-of-attorney and am duly authorized to file this report on behalf of this limited liability company, as required by West Virginia Code §31B-2-211. I agree that the electronic entry of my name below represents my signature and authorization for this filing.

Adrienne Samples

Authorized By

MEMBER

Capacity

State of West Virginia



Certificate

*I, Mac Warner, Secretary of State of the
State of West Virginia, hereby certify that*

an original or certified copy of an original of the Articles of Amendment to the Articles of Organization of

ELEVATION VACATION RENTALS, LLC

is filed in my office, signed and verified, as required by the provisions of West Virginia Code §31B-2-204
and conforms to law.

Therefore, I issue this

CERTIFICATE OF AMENDMENT TO THE ARTICLES OF ORGANIZATION



*Given under my hand and the
Great Seal of the State of
West Virginia on this day of
December 03, 2022*

Mac Warner

Secretary of State

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