N22000010421

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| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

| NAME OF CORPORATION: Elevate Avts Allience Inc > Change to Elevate Avts 1 | nc |
|---|----|
| DOCUMENT NUMBER: N2 2000 10421 | |
| The enclosed Articles of Amendment and fee are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| Jennifur Briggs (Name of Contact Person) | |
| Elcute AV-1S (Firm/Company) | |
| 173 Diftwood Pt Rd (Address) | |
| SPB, F1 32 459 (City/ State and Zip Code) | |
| E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | |
| (Name of Contact Person) at $\frac{750}{\text{(Area Code)}}$ (Daytime Telephone Number) | |
| Enclosed is a check for the following amount made payable to the Florida Department of State: | |
| S35 Filing Fee | |

Mailing Address

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

Street Address

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

ELEVATE ARTS ALLIANCE INC

20231'97 20 711 8: 16

| N22000010421 | | • |
|---|--|--|
| (Documen | nt Number of Corporation (if know | vn) |
| Pursuant to the provisions of section 617,1006, Florid amendment(s) to its Articles of Incorporation: | a Statutes, this Florida Not For P | rofit Corporation adopts the following |
| A. If amending name, enter the new name of the co | orporation: | |
| ELEVATE ARTS INC | | The new |
| name must be distinguishable and contain the word "company" or "Co." may not be used in the name. | corporation" or "incorporated" o | |
| B. Enter new principal office address, if applicable (Principal office address MUST BE A STREET AD) | | |
| C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BC</u> | <u></u> | |
| D. If amending the registered agent and/or registe new registered agent and/or the new registered | red office address in Florida, en office address: | ter the name of the |
| Name of New Registered Agent: | | |
| <u>New Registered Office Address</u> : | (Florid | a street address) |
| _ | | Florida |
| | (City) | (Zip Code) |
| New Registered Agent's Signature, if changing Res I hereby accept the appointment as registered agent. | gistered Agent: I am familiar with and accept the | obligations of the position. |
| | Signature of New Registered | d Agent if changing |

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation. Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

| Example: XChange X Remove X Add | <u>PT</u> <u>V</u> <u>SV</u> | John Do Mike Jo Sally Sr | <u>nes</u> | |
|--|------------------------------------|--------------------------------|--|-----------------|
| Type of Action (Check One) | <u>Title</u> | | <u>Name</u> | <u>Addres</u> s |
| 1) Change Add | | _ | | |
| Remove | | | | |
| 2) Change Add | _ | _ | | |
| Remove 3) Change Add Remove | | _ | | |
| 4) Change Add | | _ | | |
| Remove | | | | |
| 5) Change Add | | _ | | |
| Remove | | | | |
| 6) Change Add | | ~ | | - |
| Remove | | | | |
| E. If amending or addin (attach additional shee | g addition | onal Arti essary). | cles, enter change(s) here: (Be specific) | |
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| The date of each amendment(s) adoption: 11/11/2023 | if other than the |
| Effective date if applicable: 11/11/2023 | |
| (no more than 90 days after amendment file date) | |
| Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records. | listed as the |
| Adoption of Amendment(s) (CHECK ONE) | |
| The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval. | |

| There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors. |
|---|
| Dated 11/15/2023 |
| Signature (By the charman of vice charman of the board, president or other officer-if directors have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary) |
| Tennifer Briggs (Typed or printed name of person signing) |
| (Title of person signing) |