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MARRIS J. HARRIS

Dear	Dena	artm	ent	οf	State	_
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I am sending this due to the misspelling of my LLC. I had missed the O in Technologies. Please feel free to contact me at 786-530-7543.

Thank you and Regards,

Issam Sayegh

COVER LETTER

TO: Registration Se Division of Cor	ection rporations	
Elysium Te	echnolgies, LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	Issam Sayegh	
	Name of Person	
	Elysium Technolgies, LLC	
	Firm/Company	
	2263 SW 21st Terrace	
	Address	
	Miami, FL 33145	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please call:	
Issam Sayegh	7865307: 7865307543	
Name o	of Person Area Code Daytime Telephone Number	-
Enclosed is a check for the	he following amount:	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is	tatus &

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Elysium Technolgies, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited)	iny as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number L17000058206	were filed on 3/14/2017	and assigned
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
Elysium Technologies, LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "Ll	LC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS)		7 S
Inter new mailing address, if applicable:	·	HAR 23
Mailing address MAY BE A POST OFFICE BOX)		
		S S S S S S S S S S S S S S S S S S S
3. If amending the registered agent and/or registered o egistered agent and/or the new registered office address her		rds, <u>enter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
	,]	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

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Add
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Filing Fee: \$25.00