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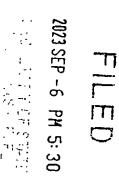
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Special Instructions to	Filing Officer:	
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COVER LETTER

	gistration Sec ision of Corp				
ounirow.	Elijoprice Fi	nancial Services LLC			
SUBJECT:	Name of Limited Liability Company				
The enclosed	l Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		Olijah Frazier			
			Name of Person		
		Elijoprice Financial Servic	es LLC		
			Firm/Company		
		80 Sw 8th street Suite 2000	0		
			Address		
		Miami Fl 33130			
			City/State and Zip Code		•
		Olijahfrazier@gmail.com			
		E-mail address: (t	o be used for future annual re	port notification)	
For further in	nformation co	ncerning this matter, please ca	ıll:		
Olijah Frazio	er		772 899 <u>5</u>	5526	
	Name of	Person	Area Code	Daytime Telepho	one Number
Enclosed is a	check for the	following amount:			
≘ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Elijoprice Financial Services LLC		
(Name of the Limited (A	Liability Company as it now appears (Florida Limited Liability Company)	on our records.)
he Articles of Organization for this Limited Liab	oility Company were filed on 11/30	0/2020 and assigned
Plorida document number L20000374819		
his amendment is submitted to amend the follow	ring:	
a. If amending name, <u>enter the new name of th</u>	he limited liability company here	<u>e</u> :
Eliac LLC		
he new name must be distinguishable and contain the word	ds "Limited Liability Company," the desi	ignation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicab	de:	
Principal office address MUST BE A STREET.	ADDRESS)	
		2023 \$16 15
		E SE
Enter new mailing address, if applicable:		-6
Mailing address MAY BE A POST OFFICE BO		5.1° ⊋ ∏
	<u> </u>	50 S
		30
3. If amending the registered agent and/or reg	istered office address on our rec	
gent and/or the new registered office address l		
Name of New Registered Agent:		
New Registered Office Address:		
New Registerys Office Fiduless.	Enter Floride	la street address
		. Florida

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Olijah Frazier	80 sw 8th street suite 2000 Miami FL 33130	DAdd
		• • • • • • • • • • • • • • • • • • •	□Remove
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Effective date, if other than the (If an effective date is listed, the date me Note: If the date inserted in this be document's effective date on the I	ust be specific and cannot be polock does not meet the ap-	prior to date of filing or m oplicable statutory filin	ore than 90 days after filing g requirements, this date	(.) Pursuant to 605.0207 (
he record specifies a delayed effecti ord is filed.	ve date, but not an effecti	ve time, at 12:01 a.m.	on the earlier of: (b) Th	ic 90th day after the
	12:16рг	m		
08/30/2023 Dated				
Dated		·		
Dated	Signature of a member or		as Carmon bar	

Filing Fee: \$25.00