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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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COVER LETTER

TO:

TO: Registration Section Division of Corporations	
SUBJECT: Elijahs With Us, LLC	
Name of Limited Liabilitý Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Malaika Mathews Name of Person	
Elijahs With Us LLC	
7740 Southside Blvd. #2801	
Jacksonville Fl 32256 City/State and Zip Code	
Malarkalee 2014 @ gmail. Com E-mail address: (to be used for future annual report notification)	-
For further information concerning this matter, please call:	
Malaika Matthews at (754) 367-3006 Name of Person at (754) Daytime Telephone Num	nber
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy is enclosed)	Filing Fee. ficate of Status & fied Copy (7) onal copy is enclosed)
Mailing Address: Registration Section Street Address: Registration Section	FXT =5 /
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee	= J
Tallahassee, FL 32314 Tallahassee, FL 32303 Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited I	iability Company)	,
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000134211</u> .	were filed on March 22	2021 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:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company." the designation "LLC"	or the abbreviation "L.L.C."
·	ny company, me angrania 222	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		-
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	nddress on our records, <u>enter t</u>	he name of the new registered
New Registered Office Address:	Enter Florida street address	<u> </u>
	, Flo	rida
	City	rida Zip Code (j)
New Registered Agent's Signature, if changing Registered Agent:		2021
I hereby accept the appointment as registered agent and agreprovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and provided for in Chapter 605, F	l I am familiar with and .S. Or, if this document is
If Char	ging 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Cedric D. Newsome	7740 Southside Blid. #280	<u> </u>
		Jacksonville, FL 32256	URemove
			□Change
AMBR	Nandi A. Lee	7740 Southside Blvd. #2	<u>{O</u> □Add
		Jacksonville, FL 3225	(BRemove
			□Change
			□Add
			□Remove
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an effec lote: Ti	we date, if other than the date of active date is listed, the date must be specifif the date inserted in this block does ent's effective date on the Department	ic and cannot b not meet the	applicable stat	f filing or more t utory filing re	(opti- han 90 days after quirements, thi	filing.) Pursu	ant to 605.020' of be listed as
record	l specifies a delayed effective date, bu	t not an effec	etive time, at 1	2:01 a.m. on th	he earlier of: (b		day after the
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	· A//a-	HH.	11/1		Y	ς,	: 7
	Signature	of a member of	or authorized rep	presentative of a	member	>-	<u> </u>
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