121000158210

(Requestor's Name)
(Äddress)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300371765563

08/16/21--01031--002 **25.00



Shaka

COVER LETTER

TO:	Registrat Division o	ion Section of Corpora	n ations					
SHDUE	Gold	en Elephar	nt Capital LLC					
SUBJEC	-li <u> </u>	_	Name of Lim	ited Liability Company				
The encl	osed Artic	les of Amo	endment and fee(s) are sub	mitted for filing.				
Please re	turn all co	orresponder	nce concerning this matter	to the following:				
				Filing Team				
		_	1	Name of Person				
				BetterLegal Solutions LLC				
		_	<u>-</u>	Firm/Company				
			750 N	orth St. Paul Street Suite 250 PMI	B 35833			
		_		Address				
				Dallas, TX 75201				
	· · · · · · · · · · · · · · · · · · ·							
	sean.bernsohn@gmail.com							
			E-mail address: ()	to be used for future annual report not	ification)			
For furth	er intorma	ition conce	rning this matter, please co	dl:				
Filing Team			512 969-2339					
Name of Person			on	at () Area Code Daytin	ne Telephone Number			
Enclosed	is a check	tor the fol	lowing amount:					
■ \$25.0	00 Filing F	iee 🗆	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: New Elephant Capital LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation 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 address on our records, enter the naregistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florido street address	
Florida document number 1.21000158210 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: New Elephant Capital LLC The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation of the 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 address on our records, enter the na registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	_
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: New Elephant Capital LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation tense 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 address on our records, enter the naregistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	nd assigned
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 address on our records, enter the na registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	
New Elephant Capital LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation tense 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 address on our records, enter the na registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation 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 address on our records, enter the na registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	
B. If amending the registered agent and/or registered office address on our records, enter the na registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida 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 address on our records, enter the na registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	on "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the na registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida 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 address on our records, enter the na registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	
B. If amending the registered agent and/or registered office address on our records, enter the na registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	
B. If amending the registered agent and/or registered office address on our records, enter the na registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	
B. If amending the registered agent and/or registered office address on our records, enter the na registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address	
Name of New Registered Agent: New Registered Office Address: Enter Florida street address	 -
Name of New Registered Agent: New Registered Office Address: Enter Florida street address	
Name of New Registered Agent: New Registered Office Address: Enter Florida street address	ime of the n
New Registered Office Address: Enter Florida street address	ine or the n
New Registered Office Address: Enter Florida street address	rs t
Enter Florida street address	
Enter Florida street address	
_	
Florida	
City Zip C	ode
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 = Manager

AMBR = Authorized Member Title <u>Name</u> Address Type of Action _____ Change _____ Add □ Remove _□ Change □ Add ☐ Remove _____ □ Change - DAd □ ☐ Change ____ Change _D Add _____ □ Remove

	٠٠٠	<u> </u>	<u> </u>			TO N
	<u> </u>		. <u></u>	بدر <u>منابک آ</u>	1. 1.	A HOL
		=====================================			w file	
11 18 18 18 18 18 18 18 18 18 18 18 18 1	<u>. </u>	المقامة لله ملا		And the second		
· · · · · · · · · · · · · · · · · · ·	<u></u>					=
	•		حصد د	·	. <u> </u>	
					• •	-
*** ** * * * * * * * * * * * * * * * *					· · · · · ·	
,						—————————————————————————————————————
					•	••
· · · ·		<u> </u>		<u> </u>		 _ -
· · · · · · · · · · · · · · · · · · ·						
•						
<u> </u>						_ _ .
· ,						
-						
				_		
· · · · · ·						
<u>·</u>						
<u></u>						
Effective date, if other than the (If an effective date is listed, the date must	t be specific and cannot be	prior to date of file	ing or more than	(option	ling.) Pursuant t	o 605.0207 (?
Note: If the date inserted in this blo document's effective date on the De	ck does not meet the a partment of State's rec	ppiicaole siatuto cords.	ry nung requi	ements, uns	rate will not be	c lizien az n
the record specifies a delayed) The 90th day after the reco	effective date, bu ord is filed.	it not an effe	ctive time, a	at 12:01 a.	m. on the e	earlier of:
Dated	July 19 , 2021					
()		7				
	Signature of a member of	authorized repres	sentative of a me	mber		 -
	Signature of a member of	r authorized repres		mber		_

Page 3 of 3

Filing Fee: \$25.00