L21000207716

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	istration Se ision of Cor		•	
SUBJECT:	Elohim Bus	iness Services LLC		
30 0 31.C1.		Name of Lim	ited Liability Company	
The enclosed	f Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Evelin Gutierrez		
			Name of Person	
		Elohim Business Services	LLC	
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		100 South Ashley Dr. Suite	e 600	
			Address	
		Tampa Florida 33602		
		xiomi77@icloud.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For further in	nformation co	oncerning this matter, please ca	all:	
Eveling Guti	ierrez		818 447-7539	
	Name of	Person		e Telephone Number
Enclosed is a	check for th	e following amount:		0
□ \$25.00 F	filing Fee	■ \$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, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Elohim Business Services LLC		
(Name of the Lim	ited Liability Company as it now appears of (A Florida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited I Florida document number L21000207716	Liability Company were filed on $\frac{05/04}{}$	and assigned
This amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name	of the limited liability company here	:
he new name must be distinguishable and contain the	words "Limited Liability Company," the desig	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	<u></u>	
3. If amending the registered agent and/or agent and/or the new registered office address.		ords, enter the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	100 South Ashley Dr. Suite 600	
	Enter Florida	street address
	Tampa	, Florida 33602 co
	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 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>	<u>Address</u>	Type of Action
AMBR	Evelin Gutierrez	100 South Ashley Dr Suite 600	≡ Add
		Tampa, Florida 33602	□Remove
			□Change
			□Add
			□Remove
			Change
			
			□Remove
			□Change
			□Remove
			Change
			□Remove
			□Change
			□Add
			□Remove
			□Change

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lf an efi <u>Note:</u>	ive date, if other than the date of filing:
e recor rd is ti	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	JUNE 24 2021
	Signatury of a member or authorized representative of a member

Filing Fee: \$25.00