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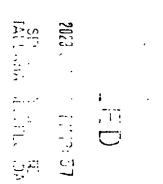
| (Requestor's Name) | | | |
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| PICK-UP WAIT MAIL | | | |
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| (Business Entity Name) | | | |
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| | | | |
| Certified Copies Certificates of Status | | | |
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| Special Instructions to Filing Officer: | | | |
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Office Use Only



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COVER LETTER

Registration Section

TO:

| Div | ision of Cor | porations | | | | | |
|---|---------------|---|---|---------------------|--|----------|--|
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| SUBJECT: | | | ited Liability Company | | | | |
| 7D1 1 | | 1 1 | and the second of the second | | | | |
| The enclosed | 1 Articles of | Amendment and fee(s) are sub | mitted for thing. | | | | |
| Please return | all correspo | ondence concerning this matter | to the following: | | | | |
| | | OHAYON, GADI | | | | | |
| | | | Name of Person | | - | | |
| | | | Firm/Company | | | | |
| | | 9731 Price Park Drive | 1 min Company | | 2023 . | | |
| | | | Address | | | ì | |
| | | Jacksonville, Florida 3225 | 7 | | 7 | | |
| | | | City/State and Zip Code | | , T | <u>`</u> | |
| | | Gadi Ohayon <gadi@elitea< td=""><td></td><td></td><td>1 in 10 in 1</td><td></td></gadi@elitea<> | | | 1 in 10 in 1 | | |
| For further in | iformation c | E-mail address: (oncerning this matter, please c | to be used for future annual report not | (fication) | | | |
| Gadi Ohayo | | concerning this matter, preude c | 904 673-4335 | | | | |
| | | f Person | at (| ne Telephone Number | | | |
| | Name o | rretson | Area Code Dayun | ie Telephone Number | | | |
| Enclosed is a | check for th | ne following amount: | | | | | |
| Ŋ \$25.00 F | Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certified | te of Status & | | |
| | iling Addres | | Street Address: Registration Se | ection | | | |
| Registration Section Division of Corporations | | | Registration Section Division of Corporations | | | | |
| P.O. Box 6327 | | The Centre of Tallahassee | | | | | |
| Tallahassee, FL 32314 | | | 2415 N. Monroe Street, Suite 810 | | | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| ELYON HOMES, LLC | |
|--|---|
| (<u>Name of the Limited Liability Company as it now app</u> (A Florida Limited Liability Company) | ocars on our records.) by) |
| he Articles of Organization for this Limited Liability Company were filed on orida document number L22000448349 | 10/18/2022 and assigned |
| nis amendment is submitted to amend the following: | |
| . If amending name, enter the new name of the limited liability company | <u>, here</u> : |
| ne new name must be distinguishable and contain the words "Limited Liability Company," the | he designation "LLC" or the abbreviation "L.L.C." |
| nter new principal offices address, if applicable: | 2023 TA: |
| rincipal office address MUST BE A STREET ADDRESS) | <u> </u> |
| | |
| iter new mailing address, if applicable: | |
| Tailing address MAY BE A POST OFFICE BOX) | 95. 4 |
| | |
| If amending the registered agent and/or registered office address on ou tent and/or the new registered office address here: | r records, enter the name of the new registe |
| | |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| Enter | Florida 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

(x

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---------------|-----------------------------|-----------------|
| AMBR | Oren Mahabesh | 11193 Parkside Preserve Way | □ Add |
| | | Jacksonville, FL 32257 | Remove |
| | | Last Name Correction | |
| AMBR | Tom Marbish | 4903 Ballastone Drive | |
| | | Jacksonville, FL 32257 | □Remove |
| | | Last Name Correction | ■ Change |
| | | | |
| | | | Remove |
| | | | Tig Change |
| | | | Ž □ Add |
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| D. If amending any other information, enter | r change(s) here: <i>(Atta</i> | ach additional sheets | | | | |
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| E. Effective date, if other than the date of f | iling: | | _ (optional) | | . 0202 (2) | \. \. |
| (If an effective date is listed, the date must be specific | e and cannot be prior to date | | | l not be list | ed as the | ξ ^O) |
| document's effective date on the Department | of State's records. | | | | | |
| If the record specifies a delayed effective date, but | t not an effective time, at | 12:01 a.m. on the carl | ier of: (b)' The 9 | Oth day afte | r the | |
| record is filed. | | and the second second second second second | | • | | |
| January 11 | 2023 | - · | - - 270 | | | |
| Dated | | | 1 ³ . | | | |
| Col | (c | | | . | | |
| Signature | of a member or authorized | representative of a memb | 2-39 STA | | | |
| GADI OHAYON | | and the same of th | | 9 2 2 2 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 | | |
| | Typed or printed narr | e of signee | | स्त्रामण्डलः इत्ये देवी | | |
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