## 23000145853

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
_
(Business Entity Name)
(aremess 2.m.) rame,
(Document Number)
(Sociality Name)
Certified Copies Certificates of Status
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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

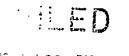
EL-ELION 18M,	LLC	
Please Debit FCA	000000003 For: <sup>25</sup>	
Thank you Seth N	eelev	
1-4-1	·	
JCZ/_		Art of Inc. File
		LTD Partnership File
		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art. of Amend, File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
,		Officer Search
1	7/	Fictitious Search
Signature	<u>/</u>	Fictitious Owner Search
Signature		Vehicle Search
	<b>-</b>	Driving Record
Requested by: SETH	06/28/2023	UCC 1 or 3 File
	<del></del>	UCC 11 Search
Name	Date Time	UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

## **COVER LETTER**

TO: Registration Se Division of Cor			
EL-ELION	18, LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The englaced Articles of	Amendment and fee(s) are sub	mitted for filing	
	ondence concerning this matter		
	Louis A. Supraski		
		Name of Person	
	Louis A. Supraski, P.A.		
	<del></del>	Firm/Company	
	16666 NE 19th Ave., Suite	: 113	
Address			
	North Miami Beach, FL 33162		
		City/State and Zip Code	<del>_</del> _
	supraski@supraskilaw.com		
		to be used for future annual report no	tification)
For further information of	concerning this matter, please c	all:	
Louis A. Supraski		305 792-8886 at ( )	
Name o	f Person		me Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 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 Addre		Street Address:	antion
Registration Division of O		Registration Se Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monre	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION 7073 . 1129 PM 12: 06



**EL-ELION 18, LLC** 

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company we Florida document number 1.23000145853	ere filed on 3/22/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	y company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abb	reviation "L.L.C."
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 ad agent and/or the new registered office address here:  Name of New Registered Agent:	dress on our records, enter the <u>name</u>	of the new registered
Tunic of Non Registered Agent.		
New Registered Office Address:	Enter Florida street address	
	Florida	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and I am fa ovided for in Chapter 605, F.S. Or, i	umiliar with and If this document is

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Meir Dahan aka Meir Daha	5255 Collins Ave #15E	
		Miami Beach, FL 33140	=Remove
			Change
MGR Talia Tiram	Talia Tiram	4036 Alesbury Dr	≅ Add
		Jacksonville, FL 32224	Remove
			[] Change
		□ Add	
		□ Remove	
		Change	
		□Add	
		Remove	
		Change	
		□Add	
		□ Remove	
			Change
			Remove
			□ Change

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other than the date of filing:  listed, the date must be specific and cannot be prior to date of filing or more than inserted in this block does not meet the applicable statutory filing required to the Department of State's records.	(optional) 190 days after filing.) Pursuant to 605.020 rements, this date will not be listed a
a delayed effective date, but not an effective time, at 12:01 a.m. on the c	earlier of: (b) The 90th day after th
, (2023	

Filing Fee: \$25.00