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COVER LETTER

TO:	Registration Se Division of Cor		•	
		Ebony Elite	Wealth Builders, LLC	•
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
			Letitia E Wallace	
			Name of Person	
		Ebo	ony Elite Wealth Builders, LLC	
			Firm/Company	
		13300	S. Cleveland Avenue, Suite 568	867
			Address	
			Fort Myers, FL 33907	
			City/State and Zip Code	
			letitiaewallace@gmail.com	
			to be used for future annual report n	otification)
For fur	rther information co	oncerning this matter, please of	ali:	
	Letitia E	Wallace	239 at ()	383-2273
	Name of	Person	Area Code Dayt	ime Telephone Number
Enclos	sed is a check for th	e following amount:		
≡ \$2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
			C	
	Mailing Addres Registration S		<u>Street Address:</u> Registration S	
	Division of C		Division of C	
	P.O. Box 632		The Centre of	f Tallahassee
	Tallahassee, F	FL 32314	2415 N. Mon	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Ebony Elite Wealth Builders, LLC

(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears [Liability Company]	on our records.)	
The Articles of Organization for this Limited Liability Compan Florida document number	y were filed on	03/27/2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company her	<u>re</u> :	
Tribe of Judah Enterprises, LLC			
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the de	signation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	13300 S. Clevela	and Avenue, Suite 56867	·
Time pur office dudress stoot the ASTREET AND MESS.	Fort My	ers, FL 33907	
			20:
Enter new mailing address, if applicable:	13300 S. Clevela	and Avenue, Suite 56867	! ~
•	Fort M	1yers, FL 33907	
(Mailing address MAY BE A POST OFFICE BOX)			
		· · · · · · · · · · · · · · · · · · ·	-
B. If amending the registered agent and/or registered office	address on our re	cords, enter the name	of the new regis
agent and/or the new registered office address here:		, <u></u>	٦, ١ <u>٦</u> ,
Name of New Registered Agent:			
N. D. A. LOSS A.H.			
New Registered Office Address:	Enter Florid	da street address	
		pi	
	City	, Florida	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>	Address	Type of Action
			□Add
			□ Remove
			□Change
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n effec <u>ste:</u> I	e date, if other than the date of filing:
	·
ecord is file	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 d.
ted _	August 11 2023

Letitia E Wallace
Typed or printed name of signee