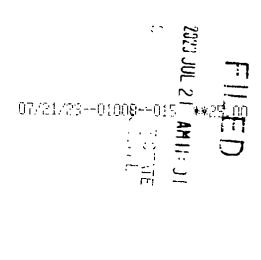
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	(Requestor's Name)
	(Address)
<u>,, </u>	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: Elijah Creative Enterprises LLC	
	Limited Liability Company
The enclosed Articles of Amendment and fee(s) are	submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Michael	Styles Name of Person
Elijah 1	Creative Enterprises LLC Firm/Company
2565	taskill Hill Road
Apopka	Florida 32712 City/State and Zip Code
M Style E-mail address	ess: (to be used for future annual report notification)
For further information concerning this matter, plea	ase call:
Michael Styles Name of Person	at (321) 239 - 8497 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Statu	
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Elijah Creative Enterprises LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appears on our r ited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Comp	pany were filed on 05/09/23	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		<u></u>
		ن اور م
Enter new mailing address, if applicable:		2 - 1
Mailing address MAY BE A POST OFFICE BOX)		
		<u>₹</u> 11
B. If amending the registered agent and/or registered off	fice address on our records, <u>e</u>	enter the name of the new registe
igent and/or the new registered office address here:		
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Florida street o	nddress
		_, Florida
	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>	Address	Type of Action
AMBR	M+JCtrust_	2565 Haskill Hill Road	□Add
		2565 Haskill Hill Road Apopka Fl. 32712	[] Remove
		<u> </u>	□Change
		<u> </u>	□ Add
			□Remove
			□Change
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fecti	ve date, if other than the date of filing: (optional)
an effe ote:	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
	ent's effective date on the Department of State's records.
	I 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
is file	ed.
. 1	T. L. 21 2023
ated _	July at 3000
	Michael Stuhe
	July 21 . 2023. Michael Styles Michael Styles Typed or printed name of signer.