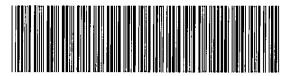
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COVER LETTER

TO:

Registration Section

SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	YOSSI AVRAHAM			
Name of Person				
	ELAYOS CAPITAL LLC			
Firm/Company				
	7632 SOUTHSIDE BLVD	APARTMENT #251		
		Address		
	JACKSONVILLE, FL 322	256		
		City/State and Zip Code		
	elayoscapital@gmail.com	to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c			
YOSSI AVRAHAM		678 792-9661 at ()		
Name o	f Person	at ()	ne Telephone Number	
Enclosed is a check for the	ne following amount:			r
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Stat Certified Copy tadditional copy is en	tus &
Mailing Addres	is:	Street Address:		
Registration Section		Registration So		
Division of Corporations P.O. Box 6327		Division of Co The Centre of	•	
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELAYOS CAPITAL 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 were filed on $\frac{08/23/2023}{1}$ and assigned Florida document number __L23000396191 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 Liability Company," the designation "L.L.C." or the abbreviation "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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: 2788 Usina St New Registered Office Address: Enter Florida street address

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.

St Augustine

___. Florida 32084 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	AVRAHAM, YOSSI		□Add
			□Remove
		2337 DELLWOOD AVE, Jacksonville, FL 32204	Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		-	
			Remoye
			⊟Change _ :S
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) (If an effective 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 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed.

Filing Fee: \$25.00