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COVER LETTER

TO:	Registration Sec Division of Corp			
ento no	MY HOUSE			
SOBJE	CCT:	Name of Lim	ited Liability Company	
The end	closed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		LEONID NERDINSKY		
			Name of Person	
		NERDINSKY LAW GRO	UP	
			Firm/Company	
		3800 S OCEAN DRIVE S	UITE 242	
			Address	<u> </u>
		HOLLYWOOD, FL 33019)	
-			City/State and Zip Code	
		LNERDINSKY@NERDIN	SKYLAW.COM to be used for future annual report notif	Tantian)
For fur	ther information ed	oncerning this matter, please co	·	earon)
LEON	ID NERDINSKY		954 2376307	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclose	ed is a check for th	e following amount:		
■ \$23	5.00 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 ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MY HOUSE #1 LLC		
(<u>Name of the Limited Liah</u> (A Flor	ility Company as it now appears on our records.) ida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number $\frac{18000125024}{12000125024}$	Company were filed on MAY 18, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company." the designation "LLC" or the	abbreviation "L.I.,C,"
Enter new principal offices address, if applicable:		<u></u>
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		2 PH
(Mailing address MAY BE A POST OFFICE BOX)		5 5 2 E
B. If amending the registered agent and/or registered agent and/or the new registered office ac	•	er the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	OLEG PEREKOLSKIY	920 NE 25TH AVE	Add
		HALLANDALE FL 33009	□ Remove
			☐ Change
			□ Remove
			☐ Change
		<u></u>	□ Remove
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ffective date, if other than the d an effective date is listed, the date must b <u>lote:</u> If the date inserted in this bloc ocument's effective date on the Dep	e specific and cannot be p k does not meet the ap	rior to date of filing or plicable statutory fil	more than 90 days after	onal) r tiling.) Pursuant to 605,020 s date will not be listed a
e record specifies a delayed of The 90th day after the recor		not an effective	e time, at 12:01	a.m. on the earlier o
ated MAY 23	2018			
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Filing Fee: \$25.00