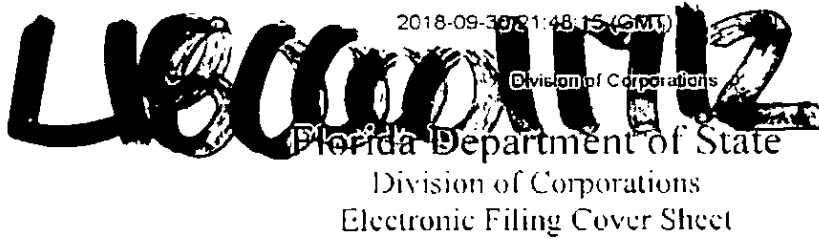


9/30/2018

2018-09-30 21:48:15 (GMT)

18668561462 From Paul Feldman



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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : FELDMAN & ASSOCIATES
Account Number : 120130000018
Phone : (786)288-5699
Fax Number : (866)856-1462

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: paul@feldmanclosings.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
1ST ON 1ST GROUP LLC**

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10/2/18 OS

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1ST ON 1ST GROUP 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 01/16/2018 and assigned Florida document number L18000011712.

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 "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

c/o Aaron Ambalu

20 West 47th Street, Suite 205

New York, NY 10036

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

c/o Aaron Ambalu

20 West 47th Street, Suite 205

New York, NY 10036

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:

Paul Feldman, Esq.

New Registered Office Address:

2750 NE 185th Street, Suite 203

Enter Florida street address

Aventura

City

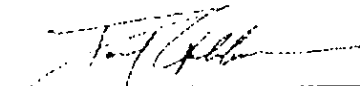
Florida

33180

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, 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>	<u>Address</u>	<u>Type of Action</u>
MGR	1ST ON 1ST MANAGEMENT LLC	33 NORTHEAST 1ST STREET	<input type="checkbox"/> Add
		MIAMI, FL 33132	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SIMON ALISHAEV	c/o Aaron Ambalu	<input checked="" type="checkbox"/> Add
		20 West 47th Street, Suite 205	<input type="checkbox"/> Remove
		New York, NY 10036	<input type="checkbox"/> Change
MGR	YOSEF ELISHAYEV	c/o Aaron Ambalu	<input checked="" type="checkbox"/> Add
		20 West 47th Street, Suite 205	<input type="checkbox"/> Remove
		New York, NY 10036	<input type="checkbox"/> Change
MGR	YURI ALISHAEV	c/o Aaron Ambalu	<input checked="" type="checkbox"/> Add
		20 West 47th Street, Suite 205	<input type="checkbox"/> Remove
		New York, NY 10036	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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.

Dated August 17, 2018

Signature of a member or authorized representative of a member

PAUL FELDMAN, ESQ.

Typed or printed name of signee