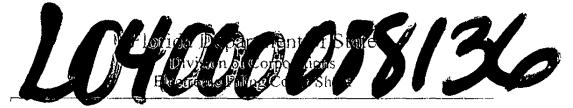
Division of Corporations

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Erom:

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Account Number : 120010000025 Phone : 1786;899~2235

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(((H16000191822 3)))

## ARTICLES OF AMENDMENT TO \* ARTICLES OF ORGANIZATION OF

SJM PROPERT	Y MANAGEMENT, LLC	
(Name of the Limited Liability Comp (A Plorida Limited	am as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Linbility Company	y were filed on DECEMBER 7, 2	004 and assigned
Florida document numberL0400088136		
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words 'Lunited Liab	dity Company," the designation "LLC" or t	be 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)		
		7.2
B. If amending the registered agent and/or registered of	office address on our records, er	ter the name of the new
registered agent and/or the new registered office address he		i i
		<b>~</b>
Name of New Registered Agent:		
New Registered Office Address:		
	Emer Florida street address	<u> </u>
	, Florid	
	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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent. Signature of New Registered Agent

Page 1 of 3

(((H16000191822 3)))

If amending Authorized Person(s) authorized to manage, enter the little, name, and address of each person being added or removed from our records:

MCR = Manager

AMBR = Amborized Member

Title	Name	Address	Type of Action
MGR	SUSANNE JARCHOW-MISCH	9926 ROBBINS DRIVE	bb/, □
		BEVERLY HILLS, CA 90201	□ Remove
			Change
PVST	SUSANNE JARCHOW-MISCH	9926 ROBBINS DRIVE	
		BEVERLY HILLS, CA 90201	☐ Remove
			Change
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D. If amene	ding any other bifoi	mation, enter ch	ange(s) here:	: (Attach additie	mal sheets, if n	ecessary)		
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Dated	AUGUST		2016					
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