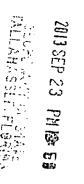
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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

JERUSALEN I,LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ISABEL CALVACHE

Name of Person

JERUSALEN II,LLC

Firm/Company

6498 COLLINS AVE STE 38

Address

MIAMI BEACH, FL. 33141

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ISABEL CALVACHE

{...}786`354-8785

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

12 \$25.00 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

JERUSALEN I,LLC		
(Name of the Limited Liability Company as (A Florida Limited Liabil	it now appears on our record	<u>is.</u>)
. (A Florida Limited Liabili	ity Company)	
The Articles of Organization for this Limited Liability Company were	e filed on 08/26/2013	and assigned
Florida document number L13000120479		S S S
		The B
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	(E) (I)
	- VIII-PHILY III-II-I	ित्र क्षा क्षा क्षा क्षा क्षा क्षा क्षा क्षा
JERUSALEN.LV.I,LLC		
The new name must be distinguishable and end with the words "Limited L "L.L.C."	iability Company," the designa	tion "LLC" or the abbreviation
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, e	enter the name of the nev
registered agent and/or the new registered office address here:		
Name of New Registered Agent:		
Navy Basistanad Office Address		
New Registered Office Address:	Enter Florida stre	eet address
	arrior a ro- pww bit w	

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 608, 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.

City

Zip Code

MGR = Manager MGRM = Managing Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remov
			Add Remove
			Add
			Add Remov
			Add Remov
			Add

menun	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	,
	4 Add Tark leve
_	Signature of a member or authorized representative of a member
-	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00