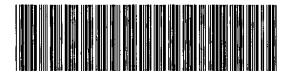
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## **COVER LETTER**

Division of Corporations
SUBJECT: House of Berlin 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:
Julie R ILLMENSEE
Llouse of Berlin LLC Firm/Company
802 Euclid Ave., Apt 103
Miami Beach FL 33139  City/State and Zip Code  Julie Il Mensee @ amail. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Julie R I II mensee at (732) 232. 7401  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25:00 Filing Fee \$\ \text{Certificate of Status} \ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \ \text{(additional copy is enclosed)} \ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \ (additional copy is en

TO:

**Registration Section** 

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

House of	Berlin LL	C
( <u>Name of the Limited Llabili</u> (A Florid	ty Company as it now appears on a Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability C Florida document number <u>L 1 4 0000 5 6</u>	Company were filed on $\frac{7}{2}$	- 28-2016 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<b>D</b> Ø = 1
(Principal office address MUST BE A STREET ADD	RESS)	
•	<u></u> ,	3/2 <del>-</del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		r records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	treet 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Mar AMBR = An	anager uthorized Me	mber		
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