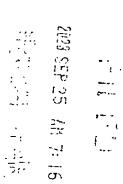
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COVER LETTER

Registration Section Division of Corporations

TO:

FMHR LL SUBJECT:	C			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filling.		
Please return all correspo	ondence concerning this matter	to the following:		
	Naftali Jacobs			
		Name of Person		
	Gutnicki LLP			
		Firm/Company		
	4711 Golf Rd. Stc. 200			
	· · · · · · · · · · · · · · · · · · ·	Address		
	Skokie, 1L 60076			
		City/State and Zip Code		
	same as current			
	E-mail address: (to be used for future annual report not	ification)	
For further information of	concerning this matter, please c	all:		
Naftali Jacobs		847 745-6593		
Name o	of Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	he following amount:			
□ \$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 Addres Registration 9		<u>Street Address:</u> Registration Se	ection	
Division of C		Division of Corporations		
P.O. Box 632	27	The Centre of 1	The Centre of Tallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FMHR LLC	
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fi	iled on August 21, 2014 and assigned
Florida document number 1.14000131304	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	mpany here:
The new name must be distinguishable and contain the words "Limited Liability Com	pany." the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	, <u></u>
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	on our records, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida

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>	Type of Action
MGR	Samuel Chavin	3300 Laurel Oaks Street	≅Add
		Fort Lauderdale, FL 33312	□Remove
			□Change
MGR Jonathan Burstein	Jonathan Burstein	5647 Brookfield Circle E	= Add
		Fort Lauderdale, Fl. 33312	□Remove
			□Change
			□Remove
			□Change
			
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

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fancff	ve date, if other than the date of filing:
docum	ent's effective date on the Department of State's records.
recor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
	September 18 20237
Dated .	
	Signature of a member or authorized representative of a member
	Samuel Chavin

Filing Fee: \$25.00