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COVER LETTER

TO: Registration Sectorial Division of Corp			
SUBJECT:	nclave 51	1 OVES 1 LLC ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon-	dence concerning this matter	to the following:	
	<u>Or</u>	Sen Hon Name of Person	
		Firm/Company	
	3423 N	15 166 th Street	<u> </u>
		MI Beach FL City/State and Zip Code	3360
	Hadr Non C	DCMCUI, COM	ration)
For further information cor	ncerning this matter, please ca	all:	
Hadar Ger Name of 1	Ideelman Hon Person	at (<u>732</u>) <u>5869 2</u> Area Code Daytime	8 73 Telephone Number
Enclosed is a check for the	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 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

(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 14000 193891</u> .	were filed on 1212212014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Oran Hon 3423 NE 166 5t North Miami beach FC 33/60
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3423 NE 1664 st North Migmi Beach FL 33160
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	
Name of New Registered Agent: Orem New Registered Office Address: 3423	NE 166 th 57 Enter Florida street address
North	Miami beach Florida 33/60 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 Type of Action Title Name Address Hadar Gendelman ☐ Remove ☐ Change Hila Gendelman 3423 NE 166 ☐ Remove ☐ Change 3423 NE 166) XADD ☐ Remove □ Change Loren Baum Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

_□ Change

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(If an el Note:	tive date, if other than the date of filing:
docur	ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
	and outs
Dated	June 24th 2019
	Signature of a member or authorized representative of a roember
	Signature of a member of authorized representative of a nember

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Filing Fee: \$25.00