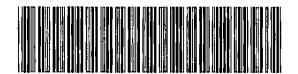


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COVER LETTER

Subject: Adventure House Libility Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Danicla Ceramolla Name of Person Optimal International Cody Firm/Company 18246 Collins Avenue Address Sunny Isles FL33160 City/State and Zip Code Clienture Internations Doptimal Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Danicla Ceramolla Name of Person at (305) 947 - 0477 Area Code Daytime Telephone Number Enclosed is a check for the following amount: S25.00 Filing Fee Certificate of Status Certificate of St	TO: Registration Se Division of Cor			-2.	
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Danicla Ceramulla Name of Person Optimar International Realty Firm/Company 18246 Collins Avanua Address Sunny Isles, FL33160 City/State and Zip Code Clientralations Comments E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Danicla Ceramulla Name of Person at (305) 947 - 0477 Area Code Daytime Telephone Number Enclosed is a check for the following amount: \$\int \text{255.00 Filing Fee} \text{355.00 Filing Fee} \text{ \text{560.00 Filing Fee}.}	The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		T. Carlo
Optimar International Reality Firm/Company 18246 Collins Avenue Address Sunry Isles, FL33160 City/State and Zip Code Clientrelations Q optimar. com E-mail address: (to be used for future affinual report notification) For further information concerning this matter, please call: Daniela Ceramella Name of Person at 30S 947-0477 Daytime Telephone Number Enclosed is a check for the following amount: \$\infty\$ \$25.00 Filing Fee \$\Bigsigma\$ \$30.00 Filing Fee & \$\Bigsigma\$ \$55.00 Filing Fee & \$\Bigsigma\$ \$60.00 Filing Fee.	Please return all correspo	ndence concerning this matter	to the following:		
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\$25.00 Filing Fee \$\Boxed{1}\$\$\$ \$30.00 Filing Fee & \$\Boxed{1}\$	Name o	f Person	Area Code Daytime	: Telephone Number	
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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**

ARTICLES	S OF ORGANIZATI	ON
	OF	
		The the ten the
Aduchaur	re House 1, LLC	6 C
(Name of the Limited Liabil) (A Florid	ity Company as it now appears of a Limited Liability Company)	on our records.)
(**************************************	a bilinea blantily company)	
The Articles of Organization for this Limited Liability (Company were filed on	01/14/2015 and assigned
Florida document number 1500008083	<u></u> ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here	2:
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the desi	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
The state of the s		
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or regis	stered office address on a	our records anter the name of the ne
registered agent and/or the new registered office add		our records, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	r . Et : I	
	Enter Florida	a street address
<u></u>		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registere	d 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>	Address	Type of Action
AMBR	Vladimir Numors	18246 Callins AUC. Sunny Isles FL3	3KO™ Add
			Remove
			Change
AMBR	Tationa Nemers	18246 Collins Auc. Sunny Isles F233	160 to Add
			Remove
			Change
			Add
			🗆 Remove
			Change
			Add
			Remove
			Change
			Remove
			Change
			Add
			□ Remove
			Change

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e <u>Note</u>	ctive date, if other than the date of filing:
(f the re (b) Th	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.
Dated	d Augus 9 27 . 2017.
	Signature of a member or authorized representative of a member
	Adam Schiffman Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00