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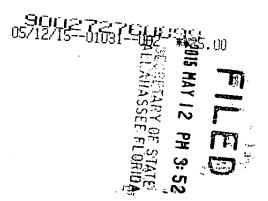
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# **COVER LETTER**

TO:	Registration Sec Division of Corp					
CIID I		A MANHATTAN 8 BROAD	WAY GOLD LLC			
SUBJ	Name of Limited Liability Company					
The er	nclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspor	ndence concerning this matter	to the following:			
		RON ABRAHAM				
	•		Name of Person			
		KSDT & COMPANY				
	Firm/Company					
		9300 S DADELAND BLV	D SUITE 600			
	Address					
		MIAMI, FL, 33156				
	1		City/State and Zip Code			
		RABRAHAM@KSDT-CPA				
		E-mail address: (	to be used for future annual report notif	ication)		
For fu	rther information co	oncerning this matter, please ca	all:			
JONA	THAN KUSHNER		305 670-3370 at ( )		Box :	2
	Name of	Person		e Telephone Number	LAHAS	三
Enclos	sed is a check for the	e following amount:			SEE P	
\$2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e Mi Status &	O

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

## HAGSHAMA MANHATTAN 8 BROADWAY GOLD LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company v	were filed on 03/23/2015	and assigned
Florida document number L15000051831		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
HAGSHAMA MANHATTAN 9 BROADWAY GOLD LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or th	e abbreviation "L.L.C."
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 off registered agent and/or the new registered office address here		tersthe name of the new
Name of New Registered Agent:		7 3 M
New Registered Office Address:	Enter Florida street address	OKALE SZ
	, Florida	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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Typed or printed name of signee

Filing Fee: \$25.00