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SECRETARY OF THE STATES

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COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT:	ARIEN House Name of Limit	se East 715 (ted Liability Company	LLC
The enclosed Articles of Ame	endment and fee(s) are subr	mitted for filing.	
Please return all corresponder	nce concerning this matter t	to the following:	
-	<u> </u>	Name of Person B Property Ma Firm/Company Alton by # 91 Address Lami Beach, F City/State and Zip Code Doffice 2 qroy	wagement LCC
For further information conce			(Milicalien)
		at (<u>305</u>) <u>763</u> Area Code Day	3 - 9/0 Z- time Telephone Number
Enclosed is a check for the fo	Howing amount:		
\$25.00 Filing Fee	330.00 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, F1, 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 266) Executive Center Circle Tallahassec, FL 32301

ARTICLES OF AMENDMENT

ARTICLES OF O	ORGANIZATION DRGANIZATION OF
ARIEN HOUSE East (Name of the Limited Liability Comp. (A Florida Limited)	7/5 (L C BY ST
The Articles of Organization for this Limited Liability Company Florida document number \(\begin{align*} \L \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	were filed on $\frac{\sqrt{9/19}}{\sqrt{15}}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	
The new name must be distinguishable and contain the words "Limited Liab	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Miami Beach, FL 33139
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1521 Alton Rd #812 m: ami Beach, Fl 33139
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	office address on our records, <u>enter the name of the new</u> re:
Name of New Registered Agent: New Registered Office Address:	Jason Braud Esq. 10 SW 13th st # 902 Enter Florida street address
	Miami, Florida 33/30 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

Page 1 of 3

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 = Ma $AMBR = Aa$	anager ithorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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		Migniff L 3313Q	
MGR	JJ LB Property Ma	ngement 4C 1521 Alton Be) Add
	* !	4 312	□ Remove
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Page 3 of 3

Filing Fee: \$25.00