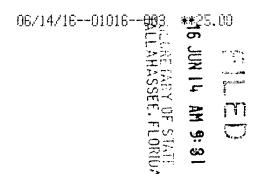
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Conventions Housing Bureau, LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jamer Hatata Name of Person
Conventions Housing Bureau, LLC
10014 13 oynton Place Cir STE 216 Address
Boynton Beach /FL 33437 City/State and Zip Code
E-mail address: (3) be used for future annual eport notification)
For further information concerning this matter, please call:
Tamer Hatata at (561) 229 6468 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$25.00 Filing Fee \$25.00 Filing Fee \$255.00 Filing F

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 Desired Linkillity Common)	
(Name of the Limited Liability Company (A Florida Limited Lia	bility Company)
The Articles of Organization for this Limited Liability Company w Florida document number <u>L/5000144464</u> .	ere filed on 08/24/2015 and assigned
This amendment is submitted to amend the following:	:
A. If amending name, enter the new name of the limited liabili	ty company here:
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	10014 Boynton Place Cir Suite 216 Boynton Beach, FL 33437
Enter new mailing address, if applicable:	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	
New Registered Office Address: 1008	Hatata Oth Way Enter Florida street address
	Palm Beach, Florida 33407 City 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 Title Name Address Type of Action Hadwa H. Rakem 10014 Boynton Place Cir DAdd Boynton Beach, FL 33437 ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove □ Change SSE Remove _□ Add □ Remove ☐ Change □ Add ☐ Remove

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Filing Fee: \$25.00