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COVER LETTER

TO: Registration Division of C			
SUBJECT: _ H	AWENSTELN Name of Lin	ENTERPHS nited Liability Company	ES 4C
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	DANIEL	Name of Person	TEIN
	HAUSEPOSEIN	Firm/Company	LLC
	18205 F	BISCAYNE BU	VD., 5-2202
	AVENTU	City/State and Zip/Code	3160
	DHALBERY E-mail address: (to be used for future annual report not	IRCH CAP. COM
For further information	concerning this matter, please ca	all:	
DANIEL H	AUBERSTEIN of Person	at (305) 790 Area Code Daytim	7-7679 ne 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)

TO:

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 OCT 31 PH 5: 05

HAUSE US EIN) ENE	141458	> LLC	<u> </u>
(Name of the Limit	ed Liability Compa (A Florida Limited	iny as it now appears Liability Company)	on our records.)	1.
The Articles of Organization for this Limited Li	ability Company	were filed on	/18/2015	and assigned
Florida document number L15000 19	7565		•	
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liab	ility company her	<u>e</u> :	
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the des	ignation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applic	able:			
Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable:			<u> </u>	
Mailing address MAY BE A POST OFFICE I	<u>BOX)</u>			
B. If amending the registered agent and/or reagent and/or the new registered office addres		address on our rec	ords, <u>enter the nan</u>	e of the new registered
Name of New Registered Agent:	DAN	IEL H	ALBERS	EN
New Registered Office Address:	18205	BISCAY!	UE BUD a street address	9-2202
	AVEN	TURA	, Florida	33160 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

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			□Add
			Remove
			Change
			□Remove
			Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change
			□Remove
			□Change

D. If amo	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ive date, if other than the date of filing:
If the record record is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated _.	OCTOBER 25, 2023 Signature of a-member of apthorized epresentative of a member
	DANIEL HAUFESTEIN Typed of printed name of signee

Filing Fee: \$25.00