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COVER LETTER

TO:

	Registration Se Division of Cor			
UBJEC		UER FUND XVII, LLC		
UDJEX	, I i	Name of Lim	ited Liability Company	
`he encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
lease re	eturn all correspo	ndence concerning this matter	to the following:	
		JULIEN HACCOUN		
		•	Name of Person	
			Firm/Company	
		1108 Kane Concourse, Sui		
		Bay Harbor Islands, FL 33	Address	
		JH@steinmauerfamily.com	City/State and Zip Code	
		-	to be used for future annual report notific	ration)
or furth	er information c	oncerning this matter, please ca	all:	
JULIEN	HACCOUN		305 397-8753	
_	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed	d is a check for th	ne 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)
	Registr Divisio P.O. Bo	ING ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314	STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cen	tions

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STEINMAUER FUND XVII. 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 Comp	pany were filed on 05/31/2	2016	and assigned
Florida document number 1.16000105059			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
JULIEN HACCOUN, LLC			
The new name must be distinguishable and contain the words "Limited	Liability Company," the design	ation "LLC" or the abbrev	ation "L.I.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES.	<u> </u>		
			<u> </u>
			F 11.
Enter new mailing address, if applicable:			7-2
(Mailing address MAY BE A POST OFFICE BOX)			i m
			EC
			. 0
B. If amending the registered agent and/or registered		r records, enter the	name of The new
registered agent and/or the new registered office address	s here:		
Name of New Registered Agent:	. ==		
New Registered Office Address:			
	Enter Florida s	treet address	
		, Florida	
	City	7	ip Code
New Registered Agent's Signature, if changing Registered Agent's Signature, if changing Registered Agent's Agent's Signature, if changing Registered Regist	gent:		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of my o t as provided for in Chap	duties, and I am fami oter 605, F.S. Or, if th	liar with and is document is
Īſ	f Changing Registered Agent.	Signature of New Registe	red Agent

or removed	d from our records:		1
MGR = R $AMBR = R$	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			D Add
			Remove
			Change
			□ Add
			☐ Remove
			Change Change Change Change Add Change Add
			□ Remove
			Change
			
			☐ Remove
			Change
			□ Remove
			Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

If amending any other infor	mation, enter change(s) here: (Attach additional sheets, if necessary.)	
• •		
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		t
		17-0C
		4 J
		
		3 8
 		
		
(If an effective date is listed, the date Note: If the date inserted in thi	the date of filing:	irsuant to 605.0207 (3)(b) I not be listed as the
the record specifies a dela) The 90th day after the	yed effective date, but not an effective time, at 12:01 a.m. on record is filed.	the earlier of:
Dated OCTOBER 19TH	. 2017	
1		
	Signature of a member or authorized representative of a member	
JULIEN HACCOU		
	Typed or printed name of signee	

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Filing Fee: \$25.00