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COVER LETTER

TO:	Registration S Division of Co	ection rporations		
ette ette		es housing, LLC		
SUBJEC	-l:	Name of Limi	ited Liability Company	
		f Amendment and fee(s) are sub-	_	۵
r rease re	sturn att corresp	Kristine Polo	io die lonowing.	*
			Name of Person	
	We .	Smyth & Hauck, PA	•	
			Firm/Company	
		631 U.S Hay 1, 5 te	411	
			Address	
		North Palm Beach, FL 334	08	
			City/State and Zip Code	· ····
		kristine@smythhauckcpa.co E-mail address: (1	om to be used for future annual report no	tification)
For furth	ner information	concerning this matter, please or	all:	·
Eugene	Sullivan		908 432-9705 at ()	
	Name	of Person		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)

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

PROMISES HOUSING, LLC				
(Name of the Limit	ed Liability Company as it (A Florida Limited Liability	now appears on our records Company)	<u>r)</u>	
The Articles of Organization for this Limited Li Florida document number L16000112766	ability Company were t	filed on 6/10/2016	and assigno	d
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liability co	ompany here:		
The new name must be distinguishable and contain the w	ords "Limited Liability Con	npany," the designation "LLC	or the abbreviation "L.L.C."	17
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/registered agent and/or the new registered of	or registered office a	ddress on our records	SECKETAHY OF STREET	the nev
Name of New Registered Agent:	Smyth & Hauck	KRISTING TO	30	
New Registered Office Address:	631 US-1 💍	Enter Florida street addres	·s	
	North-Palm Beach	. FI	orida <u>33408</u>	
	С	lty	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>	<u>Name</u>	Address	Type of Action
MGR.	Moshe Dunoff	11370 Twelve Oaks Way Unit 312	
		North Palm Beach, FL 33408	_ ■ Remove
			□ Change
AMBR	Bugone Sullivan	4574 Capital Drive	■ Add
		Lake Worth, FL 33463	☐ Remove
			☐ Change
			□ Add
		,	□ Remove
			□ Change
			□ Add
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			D Add
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			SSE CONTROL IN

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If amending any other infor	mation, enter change(s) here: (Attach additional sheets, if ne	cessary.)
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Effective date, if other than if an effective date is listed, the date Note: If the date inserted in this document's effective date on the	the date of filing:(op- must be specific and cannot be prior to date of filing or more than 90 days aft is block does not meet the applicable statutory filing requirements, the Department of State's records.	tional) ter filing.) Pursuant to 605.0207 (3)(b) his date will not be listed as the
e record specifies a dela The 90th day after the	yed effective date, but not an effective time, at 12:01 record is filed.	. a.m. on the earlier of:
Dated May 4	, 2017	
		SE SE
	Signature of a member or authorized representative of a member	
Moshe Dunoff		FIL TAR ASS
	Typed or printed name of signee	
	Page 3 of 3	I I: 37 STATE LORIDA
	Filing Fee: \$25.00	A