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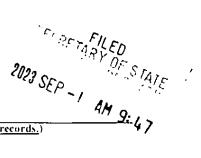
COVER LETTER

	Registration Se Division of Co			
SUBJEC		EVERLY HILLS, LLC		
SUBJEC	·1:	Name of Lin	nited Liability Company	_
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		FERNANDO DIAZ		
			Name of Person	
		ALONSO & DIAZ PLLC		
			Firm/Company	
		55 MERRICK WAY, SUI	TE 401	
			Address	_
		CORAL GABLES, FL 33	134	
		FDIAZ@AD.TAX	City/State and Zip Code	_
		·	to be used for future annual report notification)	_
For furthe	er information c	oncerning this matter, please c	all:	
FERNAI	NDO DIAZ		305 940-2640 at ()	
	Name o	of Person	Area Code Daytime Telephone Nun	iber
Enclosed	is a check for the	he following amount:		
■ \$2 5.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certificational copy is enclosed) Certificational copy is enclosed.	Filing Fee, ficate of Status & fied Copy onal copy is enclosed)
	Mailing Addres Registration !		Street Address: Registration Section	
	Division of C	Corporations	Division of Corporations	
	P.O. Box 632 Tallahassee, I		The Centre of Tallahassee 2415 N. Monroe Street, Suit	e 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



TATEL BEVERLY HILLS, 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	y Company w	ere filed on S	ЕРТЕМВЕ	R 22, 2016	and assigned
Florida document number L16000177403	·				
This amendment is submitted to amend the following					
A. If amending name, enter the new name of the li	limited liabili	ty company <u>t</u>	nere:		
The new name must be distinguishable and contain the words "I	Limited Liability	Company," the	designation "	LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET AD.	DDRESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)	<u>)</u>	<u> </u>	_		
B. If amending the registered agent and/or registe agent and/or the new registered office address here		dress on our	records, <u>er</u>	iter the name	of the new registered
Name of New Registered Agent:					
New Registered Office Address:					
New Registered Office / riggless.		Enter Fl	orida street ad	ldress	
				. Florida	Zip Code
		City			Zip Code
New Registered Agent's Signature, if changing Registe	ered Agent:				
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	d complete p d agent as pr tered office a	erformance o ovided for in	of my dutie. Chapter 6	s, and I am fa 05, F.S. Or, ij	miliar with and Tthis document is
	If Changi	ng Registered /	Agent, <u>Signat</u>	ture of New Regi	stered 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>	<u>Address</u>	Type of Action
MGR	EDUARDO VALENZUELA	453 N CANON DRIVE #4	□Add
		BEVERLY HILLS, CA 90210	≣ Remove
			□Change
	-		□Add
			□Change
			□Add
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tive date, if other than the flective date is listed, the date mu If the date inserted in this bl ment's effective date on the D	lock does not meet the a	e prior to date or ming o applicable statutory fi	(op ti more than 90 days after ling requirements, thi	filing) Progress to 605	.0207 (3)(i
ment's effective date on the D	epartment of State's rec	cords.			
ecord specifies a delayed e 90th day after the rec	d effective date, but ord is filed.	ut not an effective	e time, at 12:01 i	a.m. on the earlie	er of:
AUGUST 30	2023				
'		· ·			
1	Signature of a member of				
·	Viscoulous of a second			· · · · · · · · · · · · · · · · · · ·	

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Filing Fee: \$25.00