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COVER LETTER

TO: Registration S Division of Co			
1818FL LI	LC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	NICK BERRY		
		Name of Person	
			Daytime Telephone Number 2. Section Section on of Corporations Building
		Firm/Company	
	2374 WILTON DR		
		Address	
	WILTON MANORS, FL :		**
	PROZACDIVER@YAHO	City/State and Zip Code D.COM	
	-	to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
NICK BERRY		954 805-1195	
Name o	of Person	Area Code Daytim	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1818FE LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our r	records.)
The Articles of Organization for this Limited Liability Comp. Florida document number 1.17000031268		
This amendment is submitted to amend the following:		三
A. If amending name, <u>enter the new name of the limited l</u>	liability company here:	
The new name must be distinguishable and contain the words "Limited L	iability Company." the designation	"LLC" or the abbreviation "L.L.G."
Enter new principal offices address, if applicable:		2: 42
(Principal office address MUST BE A STREET ADDRESS	b A	——————————————————————————————————————
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address l	l office address on our rec here:	cords, <u>enter the name of the nev</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street o	uldress
		Florida
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	NICK BERRY	2374 WILTON DR.	□ Add
		WILTON MANORS, FL 33305	■ Remove
			Change
AMBR	SIMON VAN DEN BERG	2501 N OCEAN BLVD #9	≣ Add
		POMPANO BEACH, FL 33062	□ Remove
			□ Change
AMBR	CHRISTINA BERENDS	2501 N OCEAN BLVD #9	. ■ Add
		POMPANO BEACH, FL 33062	□ Remove
			☐ Change
MGR	NIELS VAN DEN BERG	2501 N OCEAN BLVD #9	= Add
		POMPANO BEACH, FL 33062	Remove
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an effective (late is listed, the date m	iust;be specific and	l cannot be prior to	o date of filing or it ble statutory filin	nore than 90 days aft	er filing.) Pursuant to 60 his date will not be lis)5.0207 sted as
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Filing Fee: \$25.00