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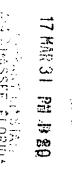
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COVER LETTER

	ision of Corp		
SHRIFCT.	SUN PLAZ		
SUBJECT.		Name of Limited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are submitted for filing.	
Please return	all correspor	ndence concerning this matter to the following:	
		ILANA KALICHMAN-ARTZY	
		Name of Person	
		LAW OFFICE OF ILANA KALICHMAN-ARTZY	
		Firm/Company	
		19390 COLLINS AVENUE, SUITE B3	
		Address	
		SUNNY ISLES, FLORIDA 33160	
		City/State and Zip Code	
		iartzy@ikalaw.com	
		E-mail address: (to be used for future annual report notification)	
For further in	nformation co	oncerning this matter, please call:	
ILANA AR	TZY	305 733-0933 at ()	
	Name of		
Enclosed is	a check for th	ne following amount:	
■ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

(Name of the Limited L		
(A)	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liabi Florida document number £17000058173	ility Company were filed on MARCH 13, 2017	and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicabl	le:	
(Principal office address MUST BE A STREET A	4DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address <u>MAY BE A POST OFFICE BO</u>	DX)	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:	registered office address on our records, <u>enter</u> <u>e address here</u> :	the name of the new
	Enter Florida street address	
	Enter Florida street address	න න ගුරු ය
	, Florida	တ္ကုိ ယူ
New Registered Agent's Signature, if changing Reg	, Florida	Zip Codtes

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	<u>Address</u>	Type of Action
MGR	ILAN ASIIAG	5600 OAKVIEW TER HOLLYWOOD, FL 33312	Add
			☐ Remove
	•		☐ Change
MGR	MICHAEL SASONI, SR	5600 OAKVIEW TER HOLLYWOOD, FL 33312	Add
	•		Remove
			■ Change
MGR	MICHAEL SASONI, JR	5600 OAKVIEW TER HOLLYWOOD, FL 33312	
			□ Remove
			■ Change
MGR	ALIZZA ASIIAG	5600 OAKVIEW TER HOLLYWOOD, FL 33312	
			□ Remove
			■ Change
			Add
			□ Remove
			☐ Ghange
			□ Add
			Remove
			Change.

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Filing Fee: \$25.00