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COVER LETTER

Div	ision of Corp	oorations		
SUBJECT:	Crest Living			
SCHOLET.		Name of Limi	ited Liability Company	
The enclosed	d Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Moshe Hankin		
			Name of Person	
			Firm/Company	
		810 NE 172nd Ter		
			Address	
		Miami, FL 33162		
		mhankin@crestliving.com	City/State and Zip Code	
		E-mail address: (1	to be used for future annual report notifi	ication)
For further i	nformation co	oncerning this matter, please ca	all:	
Moshe Hank	kin		786 238-5502	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION AND ADDRESS OF



21 AFR -8 AM 10: 28

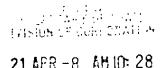
Crest Living, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 12/27/2017	and assigned
Florida document number L17000262696		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	290 NW 165th St, Suite M200	
Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33169	
Enter new mailing address, if applicable:		
		_
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name</u>	of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
1.000	, Florida	Zip Code
	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 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



_____ □Change

<u>Title</u>	Name	Address	Type of Action
MGR	Mordechai Feinstein	290 NW 165th St, Suite M200, Miami. FL 33169	
			□Remove
			□Change
			□Add
			□Remove
			□Change
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	an the date of filing:	to 605.02 be listed
rd specifies a delayed eff iled.	ffective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th da	y after ti
03/22	2020/21	
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	Signature of a member or authorized representative of a member	_