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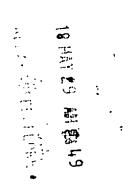
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MAY 29 2018

COVER LETTER

TO: Registration S Division of Co				
Beverly H SUBJECT:	ills Asset Management, LLC			
	Name of Lin	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Brian D. Holloway			
		Name of Person		
	Beverly Hills Asset Manag	gement, LLC		
		Firm/Company		
	4110 Heritage Lake Court			
		Address		
	Lutz, FL 33558			
	City/State and Zip Code BRIANHOLLOWAY@YAHOO.COM			
	E-mail address: (to be used for future annual report notifi	cation)	
For further information	concerning this matter, please c	all:		
Brian D. Holloway		813 298-2890 at ()		
Name	of Person	Area Code Daytime	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

Beverly Hills Asset Management, LLC		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) oility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number L18000073469	ere filed on March 21, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	y company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		··· -
Enter new mailing address, if applicable:		T'P
(Mailing address MAY BE A POST OFFICE BOX)		
intuining under the Party Opt Will Co BOA		12.5m
-		
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
	City.	Zin Coda

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>	<u>Address</u>	Type of Action
MGR	Brian D. Holloway	4110 Heritage Lake Court	= ∧₫d
		Lutz, FL 33558	Remove
			☐ Change
			
			☐ Remove
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Not	ctive date, if other than the date of filing:	te will not be	o 605.01 : listed
doei	ment's effective date on the Department of State's records.		
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. e 90th day after the record is filed.	. on the e	arlier
Date	d May 24		
	(elen		

Page 3 of 3

Filing Fee: \$25.00