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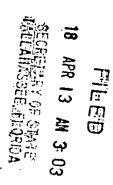
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COVER LETTER

TO:	Registration Se Division of Cor		}	
CIVIN Y	P. COT	Beach Hous	e 1492 LLC	
SUBJ	ECT:	Name of Limi	ited Liability Company	
		Amendment and fee(s) are sub-		
		Warren Jay Stamm, Esq		
			Name of Person	
		Warren Jay Stamm, Esq	. P.L.	
			Firm/Company	
		16001 Collins Avenue, S	ite. 3204	
			Address	
		Sunny Isles Beach, FL 3	33160	
			City/State and Zip Code	
		wjslegal@aol.com	to be used for future annual report notific	
r: C	41	e-man address: ()	-	ation)
ror iui	nner miormation c	oncerning this matter, please ca		
Warre	en Jay Stamm		904 868-1635 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
≅ \$2	5.00 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

Beach House 1492 LLC			
(Name of the Limited Li (A Fl	ability Company as it now appe orida Limited Liability Company	ars on our records.)	
The Articles of Organization for this Limited Liabili Florida document number L18000080279	ty Company were filed on _	March 29, 2018	and assigned
riorida document number	······································		
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company l	nere:	
		ادنا خشتك	6 6
The new name must be distinguishable and contain the words	'Limited Liability Company," the	designation "LLC" or the	breviation "L.L.C."
Enter new principal offices address, if applicable		3	
(Principal office address MUST BE A STREET AL	DDRESS)		
		·	9
Enter new mailing address, if applicable:			**
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		.*
B. If amending the registered agent and/or registered agent and/or the new registered office	•	n our records, <u>enter</u>	the name of the new
Name of New Registered Agent:		·	
New Registered Office Address:			
	Enter Fl	orida street address	
		, 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>	<u>Address</u>	Type of Action
MGR	JL 1492 Limited Partnership	16001 Collins Avenue, Ste. 3204	= Add
		Sunny Isles Beach, FL 33160	□ Remove
			☐ Change
MMGR	JL 1492 Limited Partnership	16001 Collins Avenue, Ste. 3204	
		Sunny Isles Beach, FL 33160	Remove
			Change
			PR B3
			Remove
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aatis	e date, if other than the date of fili	ng.		(optional)	
ı effe	ctive date is listed, the date must be specific a	and cannot be prior t	o date of filing or more than	90 days after filing.) Pursu	ant to 605.02
	f the date inserted in this block does no nt's effective date on the Department of		ble statutory filing requi	rements, this date will no	ot be listed
reco	ord specifies a delayed effective	e date, but not	an effective time.	nt 12:01 a.m. on th	e earlier
	90th day after the record is file				
	1				
ted_	April 4 My Mann Signature of	<u>, 2018</u>	_•		
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	an [11/1/1/1.] \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	MALAA -			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00