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COVER LETTER

Division of Co					
RASTAM SUBJECT:	HOLDINGS, LLC				
30bjrc1	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	DAN P. HELLER, ESQ.				
		Name of Person			
	HELLER ESPENKOTTE	R, PLLC			
		Firm/Company			
	2701 PONCE DE LEON I	BOULEVARD, SUITE 301			
		Address	<u> </u>	_	
	CORAL GABLES, FLOR	IDA 33134		2011 O	
City/State and Zip Code Dan@hellerlawgroup.com				211 DEC -3 PN 1:2	Per-
	E-mail address: (to be used for future annual report notif	ication)		300
For further information of	concerning this matter, please c	all:			ķ rain
Dan P. Heller		305 777-3765		2 Cg	
Name o	of Person		Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	

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

RASTAM HOLDINGS, LLC		
(Name of the Limited Liability Co. (A Florida Limi	npany as it now appears on our records.) led Liability Company)	
The Articles of Organization for this Limited Liability Comparison document number $\frac{118000102953}{1000000000000000000000000000000000000$	any were filed on APRIL 24, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited !	iability company here:	
The new name must be distinguishable and contain the words "Limited L	ability Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS		<u>22</u>
		000
Enter new mailing address, if applicable:		in the second
Mailing address MAY BE A POST OFFICE BOX)		70 11
<u></u>		
		1 2
3. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, <u>ent</u> lere:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida 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	AMBER TAYLOR	1521 ALTON ROAD	
			= Add
		900	□ Remove
		MIAMI BEACH, FLORIDA	Remove
		33139	Change
			□ Remove
			Change
			Add
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	NOVEMBER 26, 2018		لغما
an effec lote: If	e date, if other than the date of filing: (optional tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing the date inserted in this block does not meet the applicable statutory filing requirements, this date it's effective date on the Department of State's records.	ng.) Pursuant to	605.0201 listed as
e reco The 9	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m 90th day after the record is filed.	n. on the ea	arlier o
ated	11-26, 20/8		
	Signature of a member or authorized representative of a member		
	organism of a memori of authorized representative of a member		

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Filing Fee: \$25.00