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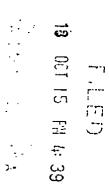




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7 COVER LETTER

TO:		stration Section of Corpo					
em m		Beacon Imper					
SUBJE	ACT: _	Name of Limited Liability Company					
The end	closed .	Articles of An	nendment and fee(s) are subn	nitted for tiling.			
Please	return ;	II correspond	ence concerning this matter t	o the following: using the er	nclosed Fedex label/envelope:		
•			Menachem Schilit, Manage	r.			
				Name of Person			
				Firm/Company			
			16830 Ventura Boulevard,	Ste. 500			
				Address			
			Encino, California 91436				
				City/State and Zip Code			
		,	msape@msapelaw.com	o be used for future annual report notifi	eration)		
For fur	ther int	ormation cond	cerning this matter, please ca	·			
Menac	hem So	chilit		818 907-5522			
	••	Name of Po	etson .	Area Code Daytime	Telephone Number		
Enclose	ed is a	check for the f	ollowing amount:				
□ \$25	5.00 Fil	ing 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

Beacon Imperial, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company The Articles of Organization for this Limited Liability Company were filed on October 1, 2018 _____ and assigned Florida document number $\underline{1.18000231868}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _. Florida __ City

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 antending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ad or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Renee A. Schilit	16830 Ventura Blvd., Ste. 500 Encino, California 91436	■ Add
			☐ Remove
,			☐ Change
MGR	Karen F. North	5583 Gatlin Avenue Orlando, Florida 32812	
	•		■ Remove
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Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not meet the appl	icable statutory filing requ	(optional) an 90 days after (iling.) Pur airements, this date will	suant to 605,0207 (3)(Finot be listed as the
f the record specifies a delayed b) The 90th day after the re		ot an effective time,	at 12:01 a.m. on I	the earlier of:
Dated October 8	2018	·		
	- Ship	9-		<u> </u>
	Signature of a member or nut	horized representative of a n	nember	
Menachem Schilit, M		and a second second		
	Typea or prii	ated name of signee		

Page 3 of 3

Filing Fee: \$25.00