Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALRON ENTERPRISES, INC.

Account Number : I20000000113 Phone : (321)951-7626 Fax Number : (321)723-8218

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 228 ALADDIN LLC

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COVER LETTER

TO: REGISTRATION SECTION

DIVISION OF CORPORATIONS

SUBJECT: 228 ALADDIN LLC

DOCUMENT NUMBER: L19000256507

The enclosed Articles of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jenni Johnson Alron Corps, Inc. 3990 Minton Rd Melbourne, Fl. 32904

Email address to be used for future annual report notification: mb1732@aol.com

For further information concerning this matter, please call:

Jenni Johnson at 321-951-7626

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

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228 Aladdin LLC

Document ID: L19000256507

Articles of Organization File Date: October 24, 2019

Pursuant to the provision of section 605.0202, Florida Statutes, this Florida limited liability company adopts the following articles of amendment to its articles of organization:

This Amendment is submitted to Amend the following:

A: If amending name, enter the new name of the limited liability company: N/A

Enter new principal office address, if applicable: N/A

Enter new mailing address, if applicable: N/A

B: If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered agent office address:

Name of New Registered Agent: Solomon Steinlauf New Registered Agent Office Address: N/A

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.

Signature of New Registered Agent, if changing

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

1.) X_ change ___ add __ remove Name: Solomon Steinlauf Title: MGRM

Address: 232 Hollywood Crossing Lawrence, NY 11559

change add rove

Title: Name:

Address:

| | | | H19000329739 3 |
|------|--------------------------------|--------------------------|---|
| | 3.) change add remove | Name: Address: | Title: |
| D: | If amending any oth | er information or | adding additional Articles, enter here: |
| | N/A | | |
| E: | Effective Date, if oth | er than the date of | filing: |
| Purs | ruant to 605.0207 (3)(b) Not | te: If the date inserted | and cannot be prior to date of filing or more than 90 days after filing.) d in this block does not meet the applicable statutory filing cument's effective date on the Department of State's records. |
| | Signed this 8 th de | ay of Movember | 2019 |
| Sig | mature | | |
| | Solomon Ste | inlauf, Managing | -Member |