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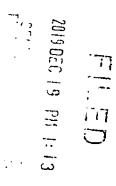
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COVER LETTER

TO: Registration Sect Division of Corpo	ion orations	·		
FOURELEV	ENT, LLC			
SUBJECT:		d Liability Company		_
	mendment and fee(s) are submi			
	Eduardo Serrano, Esq.			
		Name of Person		
	The Serrano Law Firm, P.A.	-		
		Firm/Company		
	777 Brickell Avenue, Suite	500		
		Address		
	Miami, Florida 33131			
		City/State and Zip Code	<u> </u>	_
	serrano@serrano-law.com	o be used for future annua	il report notification)	
F Combar information C	oncerning this matter, please ca			
Eduardo Serrano		305 7 at ()	21-2728	
Name (if Person	Area Code	Daytime Telephone N	umber
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fe Certified Copy (additional copy is	Ce analosad) Ce	.00 Filing Fee. rtificate of Status & rtified Copy ditional copy is enclosed)
<u>Mailing Addre</u> Registration	ess: Section		Address: stration Section	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FOURELEVENT, LLC		_
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company we florida document number 1.19000301789		and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
HEleven, LLC The new name must be distinguishable and contain the words "Limited Liability and Contain the words".	ty 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)		7.5
		2019
		E T
Enter new mailing address, if applicable:		
	·	
Mailing address MAY BE A POST OFFICE BOX)		2 17
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the s</u>	name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florid	9
	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>	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Remove
			🗖 Change
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			Change
			□Add
			Remove
			□Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	<u> </u>
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Note: 1	ve date, if other than the date of filing: ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed and the date on the Department of State's records.
record d is file	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated _	12/18 2019
	Signature of a member or authorized representative of a member
	Eduardo Serrano, as atturney in fact for Shai Tertner Typed or printed name of signee

. . . .

Filing Fee: \$25.00