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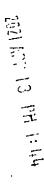
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COVER LETTER

TO:	Registration Section Division of Corp			
SUBJE	ст: <u>Бого</u>	MAN REACITY Name of Limi	LUUESTMENS L	<u>,LC</u>
The end	losed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please 1	eturn all correspon	dence concerning this matter	to the following:	
		MICHAIS	Name of Person	
		GOLDMI	Firm/Company	ESTMENTS UC
		5865	WINDSOR CT Address	
		BOCA	RATON, F1, 3349 City/State and Zip Code	-6
		GOLDMANB E-mail address: (1	USIVIESS CORPEGMEN to be used for future annual report notif	ication)
For fun	her information co	ncerning this matter, please ca	all:	
	Name of	Person	at (<u>954</u>) <u>812</u> - Area Code Daytime	3962 Telephone Number
Luctose	rd is a check for the	following amount:		
77. \$2:	5,00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 riling free. Certificate of Status & Certified Copy raddinatal copy is enclosed.

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

Street Address: 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

GOLDMAN REALITY INVESTMENTS LIC

(A Florida Limited Liability Compan	V)
The Articles of Organization for this Limited Liability Company were filed on Florida document numberL_21000133742	3/22/2/ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	here:
GOLDMAN REALTY INVESTMENTS The new name must be distinguishable and contain the words "Limited Liability Company." the	LLC: ne designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	: [2]
	~ <u>~ </u>
	<u>~</u>
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 ou agent and/or the new registered office address here:	r records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	
Enter i	Florida street address
	Florida
Cin	Lus Cirile

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
			TRemove
			TChange
			TAdd
			T.Remove
			Change
	-14-14-1		
			□Remove
			TChange
			TAdd
			= Remove
			= Add
			□ □ Remove
			TChange
	<u>.</u>		
			TRemove
			Channe

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Signature of a member or authorized representative of a member MICHAIZL GOLDMAN
Typed or printed name of signee