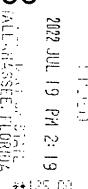
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COVER LETTER

TO: Registration Section Division of Corpo							
OUR IECT.	MOS) OM 2 LLC					
SUBJECT:		ited Liability Company					
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.					
Please return all correspond	ience concerning this matter	to the following:					
		_					
		tisroel Druin					
		Name of Person					
		400 OM 2 LLC					
		Firm/Company					
	1050 Jefferson St						
		Address					
	Holly	NOOD FL 33019 City/State and Zip Code					
		City/State and Zip Code					
	E-mail address:	to be used for future annual report notification)					
For further information cor	ncerning this matter, please c	all:					
Yisaal	Drvin	3.5 HAX 1850					
Name of l	Person	at (305) 490 1856 Area Code Daytime Telephone Number					
Enclosed is a check for the	following amount:						
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)					
Mailing Address Registration S		Street Address: Registration Section					
Division of Co P.O. Box 6327		Division of Corporations The Centre of Tallahassee					
Tallahassee, F		2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	MOD (om 2	LL	<u> </u>	Į.	295	
(Name of the Limited (A	Liability Compa Florida Limited	ny as it now appe Liability Company	ears on ou	r records.)	= = = = = = = = = = = = = = = = = = = =	10.	
The Articles of Organization for this Limited Liab Florida document number <u>L 22000 Jo</u> This amendment is submitted to amend the follow A. If amending name, enter the new name of the	6522 ring:			ch 1,2	o22 and ass	UL to PM 2: 19	 ,E ,T, D
The new name must be distinguishable and contain the wor	ds "Limited Liabi	lity Company," th	e designati	on "LLC" or t	he abbreviation "L.	L.C."	
Enter new principal offices address, if applicable of the control		1050 Holly		fersor FL	33019		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>	Halywo	Jeff od	Eson FL .	St 33019		
B. If amending the registered agent and/or regagent and/or the new registered office address		address on our	r records	s, <u>enter the</u>	name of the nev	v register	<u>red</u>
Name of New Registered Agent:							
New Registered Office Address:	1050	Jefferson Enter F	lorida stre	et address			
	Holl	wood		. Florid	33010	7	
		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 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 Type of Action Title Name Address AMBR Ony Ahrla 930 NE 176 St DAdd North Mani Beach, FL 33162 _______REMOVE □ Change MGR Ory Ahra 430 NE 176 St □Add NoAn Marni Beach FC 33162 _____ □Add □Remove □Add _____ Change □Add □ Change

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Filing Fee: \$25.00