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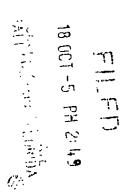
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COVER LETTER

Division of Corpor	rations		
SUBJECT: 33rd	FLOOR LLC		
	Name of Limit	led Liability Company	
The enclosed Articles of An	nendment and fee(s) are subm	nitted for filing.	
Please return all corresponde	ence concerning this matter to	o the following:	
	ZACHARY JO	SEF WEIKART Name of Person	
	33rd FLO	OOR LLC Firm/Company	
		Firm/Company	
	801 WATE	RWAY PLACE	
		Address	
	LONGWOOD	FLORIDA 32750 City/State and Zip Code y @ Abl. Com obe used for future annual report notificat	
		City/State and Zip Code	
	thegreat zul	y@ADL.COM	
	St-mail address: (to	a be used for future annual report nothical	non)
For further information cond	cerning this matter, please cal	II:	
2ACHARY JOSE Name of Po	EF WEIKARCT	at (467) 64 · Zo Area Code Daytime Te	dephone Number
Enclosed is a check for the f	following amount: \$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

TO:

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

33rd FL	DOR LL	<u></u>				
(Name of the Limited	Liability Compar Florida Limited L	ny as it now ap iability Compa	pears on our records.) ny)			
The Articles of Organization for this Limited Liab		were filed or	06/04/2014	and	d assig	ined
Florida document number <u>L1400008944c</u>	·					
This amendment is submitted to amend the follow	ring:					
A. If amending name, enter the new name of t	ne limited liabi	lity compan	<u>v here</u> :			
SOLUTIONS PERIOD GRE	OP LLC					
The new name must be distinguishable and contain the wor	ls "Limited Liabil	ity Company,"	the designation "LLC" or	the abbreviation	n "L.L.	.C."
Enter new principal offices address, if applicab	le:	801	WATERWAY	PLACE	<u> </u>	
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>	Long	wood, FL	32750	<u>) ಹ</u>	
				 _	<u>s</u> _	<u> </u>
					5	property yes are
Enter new mailing address, if applicable:						<u>ir.</u>
(Mailing address MAY BE A POST OFFICE BO	<u>(X)</u>			· · · · · · · · · · · · · · · · · · ·		
			· · · · · · · · · · · · · · · · · · ·			
				C. 5	و ي:	
B. If amending the registered agent and/or	• •		on our records, <u>e</u>	nter the na	<u>ime ol</u>	f the new
registered agent and/or the new registered office	e address here	<u>:</u>				
Name of New Registered Agent:						
New Registered Office Address:	10 <u>8</u>	JATERU Enver	AY PLACE Florida street address			
	LONGE	1000	. Florid	a 3275	7	
		City		Zip C	ode	

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	KESHA FITZSIMMONS	457 BLACK KNIGHT WAY	X Add
		457 BLACK KNIGHT WAY LONGWOOD, FL 32779	Remove
			Change
			□ Remove
			Change
			8 Bdd 7
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