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SECRETARY OF STATE
TALLAHASSEE. FLORIDA
TALLAHASSEE. FLORIDA

30 South Wacker Drive, Suite 2600, Chicago, Illinois 60606 t: 312 444 9300 f: 312 444 9027 chuhak.com

CHUHAK&TECSON attorneys at law

Maria Kenigsberg

Writer's Direct Line (312) 855-5442

Writer's Email mkenigsberg@chuhak.com

February 23, 2018

VIA CERTIFIED MAIL

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: 333 Sunset Drive, LLC

Dear Sir and/or Madam,

Enclosed please find our Cover Letter and Articles of Amendment to Articles of Organization for 333 Sunset Drive, LLC, Inc., in duplicate, along with a check payable to the "Florida Department of State" in the amount of \$55.00 for filing fee and certified Copy fee of same.

Kindly file accordingly and return a file-stamped copy of the Amendment to my attention in the enclosed self-addressed stamped envelope.

Thank you for your assistance with this matter.

Kind regards,

Maria Kenigsberg Corporate Paralegal

Maria Kerisbury

MK:

Enclosures

cc: Mitchell D. Weinstein (w/o enclosures)

COVER LETTER

TO: Registration Se Division of Cor			
	333 Sunset Driv	e, LLC	
SUBJECT:	Name of Limite	d Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	itted for filing.	
Please return all correspo	indence concerning this matter to	the following:	
	Maria Kenigsberg		
		Name of Person	
	Chuhak & Tecson, P.C.		
		Firm/Company	
	30 S. Wacker Dr., Suite 26	00	
		Address	
	Chicago, IL 60606		
		City/State and Zip Code	
	mkenigsberg@chuhak.com E-mail address: (to	be used for future annual report no	tification)
For further information c	oncerning this matter, please call	ļ _:	
Maria Kenigsberg		312 855-5442	
Name o	f Person	at ()	ne Telephone Number
Colored to about Cond	fallaccing amounts		
Enclosed is a check for th	□ \$30.00 Filing Fee &	■ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
□ \$25,00 rining ree	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	ING ADDRESS:		RIER ADDRESS:
	ration Section on of Corporations	Registration Sect Division of Corpo	
P.O. B	ox 6327 assee, FL 32314	Clifton Building 2661 Executive C	Center Circle
	·	Tallahassee, FL 3	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

333 Sunset I	Drive, LLC				
(Name of the Limited Li (A F	ability Company orida Limited Lia	as it no pility Co	w appears on our records.) ompany)		
The Articles of Organization for this Limited Liabili Florida document number	ity Company w		7.1 7.0 10	_ and assigne	ed
This amendment is submitted to amend the followin	g:				
A. If amending name, enter the new name of the	limited liabilit	у соп	pany here:		
77	· · · · · · · · · · · · · · · · · · ·	-			
The new name must be distinguishable and contain the words	"Limited Liability	-		viation "L.L.C."]A[]38
Enter new principal offices address, if applicable	: .	4000	lollywood Blvd., Suite 445-S	*	ESE.
(Principal office address MUST BE A STREET AL	DDRESS)	Holly	wood, FL 33021	75	25
	_			~	32,
Enter new mailing address, if applicable:	_				F STATE
(Mailing address MAY BE A POST OFFICE BOX	0			56	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office: Name of New Registered Agent:		e add	ress on our records, <u>enter the</u>	: name of t	he new
	4000 Hollywood	Blvd	Suite 445-8		
New Registered Office Address:	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Inter Florida street address		
	Hollywood,		. Florida 33021		
		City		Zip Code	
New Registered Agent's Signature, if changing Regist	tered Agent:				
I hereby accept the appointment as registered ago provisions of all statutes relative to the proper an accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this chan	id complete pe d agent as pro tered office ad	rform vided	ance of my duties, and I am fam for in Chapter 605, F.S. Or, if t	iliar with an his documen	ıd
	If Changir	ig Regi	stered Agent, Signature of New Registe	ered Agent	-

If amendin	g Authorized Person(s) authorized to n I from our records:	nanage, enter the title, name, ar	nd address of each person being added
MGR = . M AMBR = .	Anager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
At			
			Remove
			□ Change
			□ Remove
			Change
			Add
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			Remove
			☐ Change
			Add
			□ Remove
			Change
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D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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Fffec	tive date, if other than the date of filing:(optional)		
(if an ei	ffective 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 6	05.0201	7 (3)(b)
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be linent's effective date on the Department of State's records.	sted as	the
fthe re b) The	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear e 90th day after the record is filed.	lier o	f:
Dated	February / 2018		
	Signature of a member or authorized representative of a member		
	Howard Berkson		
	Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00