<u>11800000 3314</u>

(Re	equestor's Name)	
(Ad	dress)	
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COVER LETTER

TO:	Registration Se Division of Cor		-	1
CLUD LEZ	33 OM LA	ND LLC		
SUBJEC		Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Anand Sukhu		
			Name of Person	
		33 OM LAND LLC		
			Firm/Company	
		490 W TROPICAL WAY		
			Address	
		PLANTATION, FL 33317	,	
		· - ·	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		anandsukhu@gmail.com		
		E-mail address: (to be used for future annual report notif	fication)
For furth	ner information c	oncerning this matter, please ca	all:	
Anand S	Sukhu		954 444-3644 at ()	
	Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed	I is a check for tl	ne following amount:		
\$25.	00 Filing Fee	☐ \$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 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

FILED

33 OM LAND LLC

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(Name of the Lim	ited Liability Compa (A Florida Limited)	ny as it now appears on our reliability Company)	FALLAHASSEE, FL	
The Articles of Organization for this Limited L Florida document number <u>L18000003314</u>	Liability Company	were filed on	and assigned	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli-	cable:	631 NE 45 STREET		
(Principal office address MUST BE A STREE		OAKLAND PARK, FL 3	3334	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:	l/or registered of	<u>e</u> :		
	631 NE 45 STF	REET		
New Registered Office Address:		Enter Florida street a	ddress	
	OAKLAND PA	\RK	_, Florida	
		City	Zip Code	
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	oer and complete istered agent as p registered office	performance of my dutie provided for in Chapter 6	s, and I am familiar with and 605, F.S. Or, if this document is	

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>	<u>Address</u>	Type of Action
MGR	OCON, DAVID	407 LINCOLN RD 6J	□ Add
		MIAMI BEACH, FL 33139	
			Remove
AMBR	MOT PLANS HOLDING INC	631 NE 45 STREET	
		OAKLAND PARK, FL 33334	☐ Remove
			Change
			□ Add
		-	Remove
			Change
			Add
			☐ Remove
			Change
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(If an effect <u>Note:</u> If		t be specific and cannot book does not meet the	applicable statuto	ng or more than 90 days a	otional) fler filing.) Pursuant to 605.0207 (3 this date will not be listed as th
	rd specifies a delayed Oth day after the reco		ut not an effec	ctive time, at 12:0	1 a.m. on the earlier of:
Dated O	CTOBER 30TH	2018			
		/ /			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00