

L17000171913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

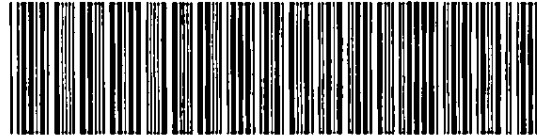
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/01/21--01043--029 **25.00

MAY 10 AM 6:51
15:19 HW 01 JUN 1797

O SIMMONE
MAY 21 2021



RECEIVED

2021 MAY 10 PM 4:52

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SECRETARY OF STATE
TALLAHASSEE, FL

April 29, 2021

EDWIN L CRAMMER
3801 N UNIVERSITY DR, STE 18
SUNRISE, FL 33351

SUBJECT: 33 OM 0, LLC
Ref. Number: L17000171913

We have received your document for 33 OM 0, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 621A00008855

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 33 OM 0, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EDWIN L. CRAMMER CPA

Name of Person

EDWIN L CRAMMER PA

Firm/Company

3801 N UNIVERSITY DRIVE SUITE 318

Address

SUNRISE, FL 33351

City/State and Zip Code

edwin@edwinlcrammerpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDWIN L CRAMMER

954 742-8700
at ()

Name of Person

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 &
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 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**

33 OM 0, LLC

2017 MAY 10 AM 6:51

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/11/2017 and assigned
Florida document number L17000171913.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

7580 NW 5TH STREET

SUITE 17868

PLANTATION, FL 33318

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7580 NW 5TH STREET

SUITE 17868

PLANTATION, FL 33318

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

ANAND SUKHU

New Registered Office Address:

7580 NW 5TH STREET SUITE 17868

Enter Florida street address

PLANTATION

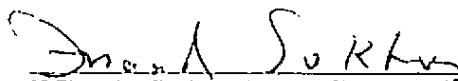
City

Florida 33318

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 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>	<u>Type of Action</u>
AMBR	ANAND SUKHU	7580 NW 5TH STREET #17868	☐ Add
		PLANTATION, FL 33318	☐ Remove
			☒ Change
MGR	DAVID OCON	2600 NE 9TH STREET	☐ Add
		FORT LAUDERDALE, FL 33304	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

322 MAY 10 AM 6:51

(If an effective 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 605.0207 (3)(b)

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.

Dated 02/17/2021

Signature of a member

Signature of a member or authorized representative of a member

ANAND SUKHU

Typed or printed name of signee

Filing Fee: \$25.00