L18000064881

(Reque	estor's Name)	
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(City/S	tate/Zip/Phon	e #)
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	ction Section of Corporations	
ST SUBJECT:	EVE KATALIN, LLC	
	Name of Limited Liability Company	
The enclosed Ar	icles of Amendment and fee(s) are submitted for filing.	
Please return all	correspondence concerning this matter to the following:	
	MARK S. GRAND, ESQ.	
	Name of Person	
	GRAND & GRAND, P.A.	
	Firn/Company	
	4010 Sheridan Street	
	Address	
	Hollywood, FL 33021	
	City/State and Zip Code	
	steve@attorneyrossi.com E-mail address: (to be used for future annual report notification)	
For further infor	nation concerning this matter, please call:	
Donna Jacobs	954 989-2889 at ()	
	Name of Person Area Code Daytime Telephone Number	_
Enclosed is a ch	ck for the following amount:	
■ \$25.00 Filir	Fee S30.00 Filing Fee & S60.00 Filing Fee & S60.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is	tatu

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

FILED

2022 MAY 16 AM 11: 54

STEVE KATALIN, LLC

(Name of the Limited Liability Company as it now appears on our records.) TALL AHASSEE, FL

The Articles of Organization for this Limited Liability C	Company were filed on March 12, 2018	and assigned
Florida document number L18000064881	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
533 NE 3RD AVENUE #2, LLC		
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	<u></u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the</u> t	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florida	Zip Code
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
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Filing Fee: \$25.00