

L07000104999

(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:

Amend

*513A00021157
1-28-13(2013)*

Office Use Only



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09/05/13--01018--005 **30.00

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2013 SEP -5 AM 11:32
STATE
TALLAHASSEE FLORIDA

J. SAULSBERRY
EXAMINER
SEP 9 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FORCE INVESTMENT 3337, 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:

ANTHONY ALFONSO

Name of Person

Firm/Company

9470 SW 77 AVENUE, # 02

Address

MIAMI, FL 33156

City/State and Zip Code

aa@nutriforce.com

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

For further information concerning this matter, please call:

Mari Figueredo

Name of Person

at **305 468-1600**

Area Code & Daytime Telephone Number

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CORPORATION
MIDDA

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FORCE INVESTMENT 3337, LLC

(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 October 16, 2007 and assigned Florida document number L07000104999.

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 end with 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)

9470 SW 77 AVENUE

#02

MIAMI, FL 33156

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9470 SW 77 AVENUE

#02

MIAMI, FL 33156

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STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT

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: Anthony Alfonso

New Registered Office Address: 9470 SW 77 AVENUE #02

Enter Florida street address

MIAMI

Florida

33156

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 608, 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.

(Signature)
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

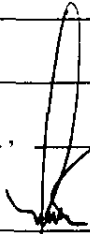
MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	Anthony Alfonso	9470 SW 77 AVENUE	<input checked="" type="checkbox"/> Add
		#02	<input type="checkbox"/> Remove
		MIAMI, FL 33156	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated September 4, 2013



Signature of a member or authorized representative of a member

ANTHONY ALFONSO

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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CLERK OF STATE
TALLAHASSEE, FLORIDA