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SECRETARY OF STATES.

COVER LETTER

TO:	Registration Secti Division of Corpo						zi e		•
SUBJI	ANARE 33, L	.LC							
SUBJI	ECT:		Name of Lim	nited Liability Compar	ny				
The en	nclosed Articles of Ar	nendmen	and fee(s) are sub	omitted for filing.					
Please	return all correspond	ence conce	erning this matter	to the following:					
		LYDIA	C. QUESADA, E	SQ.					
				Name of Perso	n				
		ADAMS	& ASSOCIATES	S, P.A.					
				Firm/Compan	y				
		6500 CO	WPEN RD, SUIT	TE 101					
				Address					
		MIAMI	LAKES, FL 330	14					
				City/State and Zip	Code				
		GPERRY		@GMAIL.COM		*********			
					innuai report notti	ication)			
For fu	rther information con-	cerning thi	s matter, please c	call:					
LYDI	A C. QUESADA			305 at (824-9800 _)				
	Name of P	erson		Area Cod	e Daytime	Telephon	e Number		
Enclos	sed is a check for the	following a	amount:						
■ \$2	25.00 Filing Fee		Filing Fee & ficate of Status	S55.00 Filing Certified Co (additional cop	ру		660.00 Filin Certificate Certified Co (additional co	of Stati	
	Mailing Address: Registration Sec Division of Cor P.O. Box 6327 Tallahassee, FL	poration:	S	Re Di Th 24	eet Address: gistration Secvision of Corpe Centre of T 15 N. Monroellahassee, FL	poration allahass e Street,	ee)	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANARE 33, LLC

(Name of the Limit	ed Liability Comp	any as it now appears or Liability Company)	our records.)	
ł				
The Articles of Organization for this Limited Li	iability Company	were filed on $\frac{05/11}{2}$	2010	and assigned
Horida document number L10000050714	 ·			
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	f the limited lieb	hility company hara:		
v. If afficienting name, enter the new name of	tue uniteu nai	mity company nere.		
The new name must be distinguishable and contain the w	ords "Limited Liab	ility Company," the desig	nation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applic	a blo:	9898 Broadview To	еттасе	
Principal office address MUST BE A STREE		Bay Harbor Islands	; FL 33154	
Trincipal office address most pe /151122	<u> 171017RESS</u>			_
Enter new mailing address, if applicable:		9898 Broadview Terrace		
(Mailing address MAY BE A POST OFFICE BOX)		Bay Harbor Islands, FL 33154		
B. If amending the registered agent and/or r igent and/or the new registered office addres Name of New Registered Agent:		address on our reco	rds, <u>enter the name</u>	of the new register
	9898 Broadvie	ew Terrace		,
New Registered Office Address:	Enter Florida street address			
	Bay Harbor Is	lands	Florida 331	54
		City		Zip Code
New Registered Agent's Signature, if changing I	Registered Agent	<u>:</u>		
hereby accept the appointment as registere provisions of all statutes relative to the propaction of the obligations of my position as regineeing filed to merely reflect a change in the company has been notified in writing of this	er and complete stered agent as registered office	e performance of my provided for in Cha	duties, and Lam fo opter 605, F.S. Or, i	amiliar with and if this document is
	If Cha	inging Registered Agent	Signature of New Reg	istered Agent

	ng Authorized Personed from our records:	n(s) authorized	to manage, enter the title, name, and	address of each person being added
MGR = AMBR =	Manager Authorized Member			
<u>Title</u>	<u>Name</u>		Address	Type of Action
				☐ Add
				□Remove
				□Change
				□ Add
				□Remove
				□Change
				□Add
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Change

D. If amer	iding any other infori	mation, enter change(s) here: (Attach additional sheets, if necessary.)
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	<u> </u>	
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Note:	If the date inserted in this	the date of filing: ———————————————————————————————————
If the record record is file		drive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	October 4, 2022	2022
-	1	

Filing Fee: \$25.00