10000053441

(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nam	e)
(D	ocument Number)	
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Y SULKER JAN 12 2022

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE <u>01/11/2022</u>	_	**WALK IN*
ENTITY NAME 133 L	exington Avenue L	.LC
DOCUMENT NUMBER		
	PLEASE FILL	F THE ATTACHED AND RETURN
xxxxx	Plain Copy	
 	Certified Copy	
	Certificate of Status	•
1	**PLEASE OBTAIN TH	FE FOLLOWING FOR THE ABOVE ENTITY**
	Certified Copy of Ai	rts & Amendments
	Certified Copy of Ai	rts & Amendments Complete File (Inclading Annual Reports)
	Certificate of Status	r
	Certificate of Status	s Reflecting:
	APOSTILLE',	/ NOTARIAL CERTIFICATION
COUNTRY OF DESTINAT	TION	
NUMBER OF CERTIFICA	TES REQUESTED	
TOTAL OWED \$ 25		ACCOUNT # 120140000108 / United Corporate Services, Inc.
Please call Time at the	he ahawa numban ka	+ and issues an concerns Thank was so much

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

D.R. WEXINGTON LLC

COMMIT OF THE DIES	ited Liability Company as it now (A Florida Limited Liability Com	pany)	•
e Articles of Organization for this Limited I	Liability Company were filed o	on 05/18/2010	and assigned
rida document numberL10000053441	·		
s amendment is submitted to amend the fol	llowing:		
If amending name, enter the new name	of the limited liability compa	ny here:	
133 Lexington Avenue LLC			
new name must be distinguishable and contain the	words "Limited Liability Company,	" the designation "LLC" or	the abbreviation "L.L.C."
ter new principal offices address, if appli	cable:		
incipal office address MUST BE A STRE			
ter new mailing address, if applicable:			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
er new mailing address, if applicable:			
er new mailing address, if applicable: alling address MAY BE A POST OFFICE	<u> </u>	nur roomde ontou the	
er new mailing address, if applicable:	registered office address on o	our records, <u>enter the</u>	100 CO 100
ter new mailing address, if applicable: <u>alling address MAY BE A POST OFFICE</u> If amending the registered agent and/or	registered office address on o	our records, <u>enter the</u>	name of the new regi
ter new mailing address, if applicable: <u>alling address MAY BE A POST OFFICE</u> If amending the registered agent and/or	registered office address on o	our records, <u>enter the</u>	100 CO 100
ter new mailing address, if applicable: Initing address MAY BE A POST OFFICE If amending the registered agent and/or and/or the new registered office addre	registered office address on cass here:		100 CO 100
ter new mailing address, if applicable: alling address MAY BE A POST OFFICE If amending the registered agent and/or and/or the new registered office address. Name of New Registered Agent:	registered office address on cas here: Robert J. Wexler 300 South Pointe Drive A		100 CO 100
ter new mailing address, if applicable: alling address MAY BE A POST OFFICE If amending the registered agent and/or and/or the new registered office address. Name of New Registered Agent:	registered office address on cas here: Robert J. Wexler 300 South Pointe Drive A	apt. 4204	22120

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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.

nging 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>	Address	Type of Action
MGRM	Wexington LLC	C/O Rothberg, Smith & Associates, PA	🗆 Add
		2601 East Oakland Park Boulevard Suite 306	⊠ Remove
	· .	Fort Lauderdale, FL 33306	Change
<u> </u>			🗆 Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
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<u>e:</u> If	e date, if other than the date of tive date is listed, the date must be spece the date inserted in this block doe t's effective date on the Departme	s not meet the applica	o date of filing or more than ble statutory filing requi	(optional) 190 days after filing.) Pur rements, this date will	suant to 605.02 not be listed
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umen cord s	specifies a delayed effective date, b	out not an effective tin	ne, at 12:01 a.m. on the	earlier of: (b) The 90	th day after th
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cord s	December 22 S/BARRY SINGER		rized representative of a me		th day after th

Filing Fee: \$25.00