10000082284

(Re	equestor's Name)			
(Ad	ldress)			
(Ac	ldress)			
(Cil	ty/State/Zip/Phone #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Name			
(Document Number)				
Certified Copies	_ Certificates of	f Status		
Special Instructions to Filing Officer:				
				

Office Use Only



100217656481

01/20/12--01016--006 **25.00

FILED

2012 JAN 20 PM 3: 20

SECRETARY OF STATE
TALL ALLASSEF, FLORIDA

J. BRYAN

JAN 23 2012

EXAMINER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	A.V.I.	Holdings, LLC	
		ited Liability Company	
	f Amendment and fee(s) are su	-	
Please return all corresp	oondence concerning this matte	r to the following:	
		Asaf Yogev	
		Name of Person	
	ZOUZ TAIL		
Firm/Company			ESS &
	2632 Ho	ollywood Boulevard, Suite 302	N 20 HAS
		Address	E P
Hollywood, FL 33020			ZOIZ JAN 20 PH 3: 20 ZOIZ JAN 20 PH 3: 20 TALLAHASSEE, FLORIDA TALLAHASSEE, FLORIDA
		City/State and Zip Code	6 元
		asaf@ocig.co.il	•
	E-mail address:	to be used for future annual report notifica	ition)
For further information	concerning this matter, please	call:	
	v, Managing Member	at (347) 73 Area Code & Daytime 7	81-1227
Name of Person A		Area Code & Daytime T	Felephone 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	oldings, LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appe ed Liability Company)	ars on our records.	
The Articles of Organization for this Limited Liability Comp	any were filed on	August 5, 2010	and assigned
Florida document number L10000082284 .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company he	ere:	
Investing Wis	sely XXXIII, LLC		
The new name must be distinguishable and end with the words "L.L.C."	imited Liability Comp	pany," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:		-ii	, 23
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	# # # # # # # # # # # # # # # # # # #	LED PH 3: 20
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:	here:	our records, enter the	
<u> </u>	City	, Florida	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.

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 <u>Title</u> **Name** Address **Type of Action** MGRM Asaf Yogev 2632 Hollywood Boulevard ✓ Add Suite 302 Remove Hollywood, FL 33020. ☐ Add Remove $\prod Add$ ☐ Remove ☐ Add Remove \square Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Signature of a member or authorized representative of a member David Aronson, Authorized Representative Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00