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D. SCOTT 8EP 2 8 2016

COVER LETTER

	stration Sion of Co	ection rporations		
CUBUNCT.		33RD AVENUE INVESTA	MENTS LLC	
SUBJECT: _			nited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sul	bmitted for filing.	
Please return a	all correspo	ondence concerning this matter	to the following:	
		IGNACIO HERNANDEZ	Z	
			Name of Person	
		33RD AVENUE INVEST	MENTS LLC	
			Firm/Company	
		561 NE 79 ST SUITE# 42	20	TAI SE
			Address	SEP CRET
		MIAMI, FL 33183		LASSI
		A CCOUNTENC @COLUNI	City/State and Zip Code	
		ACCOUNTING@SOLIDE E-mail address: ((to be used for future annual report noti	(3#
For further info	ormation c	oncerning this matter, please c	all:	夏雨 8
IGNACIO HE	ERNANDE	SZ.	305 754-7366	
-	Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed is a c	heck for th	he following amount:		
■ \$25.00 Fili		_	□ \$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		ation Section on of Corporations ox 6327	STREET/COURI Registration Section Division of Corpora Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

33RD AVENUE INVESTMENTS LLC		
(<u>Name of the Limited Liabil</u> (A Floric	lity Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability (Company were filed on 04/25/2011	and assigned
Florida document number L11000048738		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
33RD MANAGEMENT LLC.		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
		₹
Enter new mailing address, if applicable:		NILLA ECRI
(Mailing address MAY BE A POST OFFICE BOX)		P 1
		23 o m
D. If and the state of the stat		PS P D
B. If amending the registered agent and/or registered agent and/or the new registered office add		enter the name offine new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	City'	Zip Code
New Registered Agent's Signature if changing Registere	od Agont:	

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 Changing 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 Title -<u>Name</u> Address Type of Action _□ Add □ Remove ☐ Change _□ Add _□ Remove □ Change _□ Add CIAGO CIAGO □ Change □ Add _□ Remove _ Change <u>-</u>□ Add _□ Remove

_□ Change

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Signature of a member or authorized representative of a member	Dated _	79/23/2010		·		
Signature of a member or authorized representative of a member		, "	$\mathcal{U}_{\mathcal{U}}$			
Signature of a member or authorized representative of a member			Day			
		V	Signature of a member or au	morized representative	of a member	
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Filing Fee: \$25.00