# L11000063119

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SECRETARY OF STATE DIVISION OF CORPORATION OF CORPO

C. LEWS
DEC - 4 2012
EXAMINER

## COVER LETTER

TO: Registration Section **Division of Corporations** 

2301 NW 33 COURT, 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:

# TALY DERY

Name of Person

# TD CPA PC

Firm/Company

3801 HOLLYWOOD BLVD, STE 100A

Address

HOLLYWOOD, FL 33021

City/State and Zip Code

TDERY@TDCPAFIRM.COM

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

For further information concerning this matter, please call:

TALY DERY

at (954)985-5626

Area Code & Daytime Telephone Number

Name of Person

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

## SECRETARY OF STATE ARTICLES OF ORGANIZATION DIVISION OF CORPORATION TO OF

2012 DEC -3 PM 3: 08

FILED

	33 COURT, LLC	
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Florida document numberL11000063119	Company were filed on MAY 31,	2011 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lir</u>	mited liability company here:	
The new name must be distinguishable and end with the w"L.L.C."	ords "Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regregistered agent and/or the new registered office ad		ords, <u>enter the name of the new</u>
Name of New Registered Agent:		· 
New Registered Office Address:		
	Enter Flor	rida street address
	City	, Florida
	Cuy	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	BEIGEL, JACOB	RIBAL	Add
		TEL AVIV, ISRAEL	Remove
			Add
			Remove
			Remove
			Add
			Remove
			Add
			<del></del>
			Add
			Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if no	FALED SECRETARY OF STATE
	1510N OF COMPERATION 12 DEC - 3 PM 3: 08
NOVEMBER 29 2012	
Signature of a member of a uthorized representative of a member	
OFRA BEIGEL	
Typed or printed name of signee  Page 3 of 2	

Filing Fee: \$25.00