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13 APR 17 AM 10: 23

APR 1 **9** 2013 T. HAMPTON

COVER LETTER

Division of Cor	porations		
SUBJECT: XXX		ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspond	endence concerning this matter	to the following:	
	GABA	LIEVE BRAHA Name of Person	
	XXXIII TR	Firm/Company	
	1300 (3	ENNSYLVANIA X	308
		EACH FL 33139 City/State and Zip Code HOT HAIL COM o be used for future annual report notificati	
	E-mail address: (t	HOT MAIL . COM o be used for future annual report notificati	ion)
For further information c	oncerning this matter, please ca		
Name o	f Person	at ()at ()Area Code & Daytime Te	elephone Number
Enclosed is a check for the	ne 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:

TO:

Registration Section

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

XIII TRED		
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on a Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Florida document number	Company were filed on _O1/	22 2513 and assigned of Second
This amendment is submitted to amend the following:		3 APR 17
A. If amending name, enter the new name of the li	mited liability company here:	7 AH 10: 2
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company,"	the designation "LLC" or the abble iation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	 	
	Mary of Paragraph and the Control of	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter F	lorida street address
		, Florida
	City	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 Title Title <u>Name</u> **Address Type of Action** MATTED SOLDATINI 1330 WEST AVE * 2207 AND BEACH, FC 32139 Remo Remove Remove

D. II ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
_	
– Dated	APRIL 09 2013.
Jaieu	Pohiele Braha
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00