L13000/32684

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	:#)
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COVER LETTER

TO:	,	Registration Section
	•	Division of Corporations

supper msd333

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:

Marilyn Schwartz

Name of Person

msd333 llc

Firm/Company

1812 Bridgewood Dr.

Address

Boca Raton FL. 33434

City/State and Zip Code

drescher5@aol.com

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

For further information concerning this matter, please call:

Stephen Drescher

914)960-8432

Name of Person

Area Code & Daytime Telephone 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

msd333 llc	
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Con Florida document number <u>L13000132684</u>	September 19, 2013 Frand assigned AHRIVA
This amendment is submitted to amend the following:	SEE A IT
A. If amending name, enter the new name of the limite	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE.	<u>(SS)</u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	·
B. If amending the registered agent and/or register registered agent and/or the new registered office address	red office address on our records, enter the name of the new ss here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	F31 ' 1

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
MGR	Stephen Drescher	3606 South Ocean Blvd	Add
		Highland Beach fl. 33487	Remove
			_
			Add
			Remove
			Add
		TALL	
		AHASSI	Remove
		E. FLORID	
		- DF	Remove
			Add
			Remove
			Add
			Remove

lfar	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ated _	11/05, 7013.
	Marilen Schewarts
	Signature of a member or authorized representative of a member
	Marilyn Schwartz
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 NOV 13 AM 11:17
SECRETARY OF STATE ALLAHASSEE, FLORIDA