L14000099671

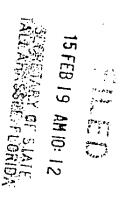
(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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COVER LETTER

TO: Registration S Division of Co			
729 33 SUBJECT:	LLC		
SUBJECT.	Name of Limi	ted Liability Company	
	f Amendment and fee(s) are submondence concerning this matter to	-	
	Stephen Goldstein		
		Name of Person	
	Law Office of Stephe	en Goldstein	
		Firm/Company	
	225 West 106th Stre	et, 9G	
		Address	
	New York, NY 1002	5	
	Sgoldlaw@gmail.com		
For further information	E-mail address: (to concerning this matter, please ca	o be used for future annual report notifi-	cation)
Stephen Goldstei		646 259-5024	
Name	of Person		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

	33 LLC	
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) I Liability Company)	
The Articles of Organization for this Limited Liability Compare Florida document number <u>L14000098671</u> .	y were filed on June 19, 2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and end with the words "Limited Li	ability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent:		r the name of the new

New Registered Office Address:	Enter Florida street address	E C A III
	, Florida	7 Zip Code
New Registered Agent's Signature, if changing Registered Agen		10×2

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member **Title** <u>Name</u> **Address Type of Action MGR** Yehuda Bar-Zvi 635 NE 11th Avenue ■ Add Ft. Lauderdale, FL 33304 ☐ Remove MGR 114-06 Queens Blvd., Suite 1C □ Add Forest Hills, NY 11375 ■ Remove □ Add ☐ Remove □ Add □ Add ☐ Remove

f amending any other information	on, enter change(s) here: (Attach additional sheets, if necessary
	
ffective date, if other than the date effective date must be specific, cannot be date this document is filed by the Florid	the of filing: (optional) be prior to date of receipt or filed date and cannot be more than 90 days after da Department of State)
ted February 10	2015
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Sis	and the fall of the form of the form of the fall of th
	gnature of a member or authorized representative of a member
Stephen Goldstein	gnature of a member of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

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