

L14000119984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

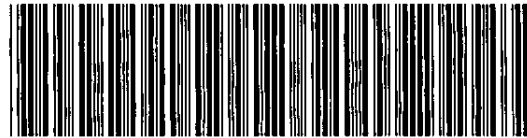
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09/18/14--01004--016 **25.00

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: 33 DEGREE INVESTMENTS, 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:

MARY BOYD

Name of Person

ALBERT J. STOPKA, III, P. A.

Firm/Company

108 MOSLEY DRIVE

Address

LYNN HAVEN, FL 32444

City/State and Zip Code

STOPKAJAW@bellsouth.net

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

For further information concerning this matter, please call:

Mary Boyd

Name of Person

at (850)

Area Code

785-6600

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee
XXX

☐ \$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 DEGREE INVESTMENTS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 7/30/2014 and assigned
Florida document number L14000119984.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:

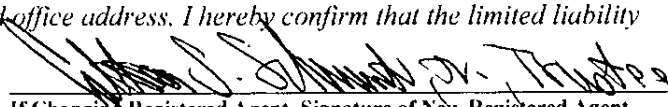
Name of New Registered Agent: SCHWARTZ, CARLTON S., JR., AS TRUSTEE OF THE CARLTON S. SCHWARTZ REVOCABLE LIVING TRUST AGREEMENT, DATED JUNE 25, 2004, AS AMENDED

New Registered Office Address: 3001 W. 10th Street, Unit 101-A
Enter Florida Street address

Panama City, Florida 32401
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 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

Carlton S. Schwartz, Jr., as Trustee
Page 1 of 3

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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---|---|--|
| MMBR | SCHWARTZ, CARLTON S. | 3001 W. 10th Street, Unit 101-A Panama City, FL 32401 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MMBR | SCHWARTZ, CARLTON S., JR., AS TRUSTEE OF THE CARLTON S. SCHWARTZ REVOCABLE LIVING TRUST AGREEMENT, DATED JUNE 25, 2004, AS AMENDED | 3001 W. 10th Street, Unit 101-A Panama City, FL 32401 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
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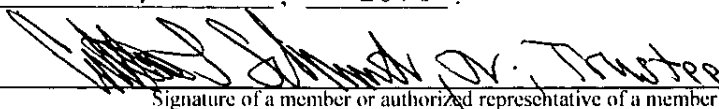
2014 SEP 18 AM 10:24
17

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated September 16, , 2014 .



Signature of a member or authorized representative of a member

CARLTON S. SCHWARTZ, JR., AS TRUSTEE OF THE CARLTON S. SCHWARTZ

Typed or printed name of signee

REVOCABLE LIVING TRUST AGREEMENT, DATED JUNE 25, 2004, AS AMENDED

FILED
2014 SEP 18 AM 10:24
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA