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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

SEP 2.1 2015

COVER LETTER

Divi	sion of Corp	dorations				
SUBJECT:	333 INVES	STMENTS, LLC				
SUBJECT		Name of Limi	ited Liability Company			
The enclosed	Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please return	all correspor	ndence concerning this matter	to the following:			
		ELLIOT P. BORKSON, E.	sQ			
			Name of Person			
		ELLIOT P. BORKSON, P.	A.			
			Firm/Company			
		1313 S. ANDREWS AVE				
			Address			
		FORT LAUDERDALE, FI	L 33316			
			City/State and Zip Code			
		ellpremo@hotmail.com		· <u></u>		
For further in	formation co	E-mail address: (i oncerning this matter, please ca	to be used for future annual report notifi all:	SECRE ALLAH,	2015 SEP	71
Elliot P. Borl	kson, Esq.		954 462-6360 at ()	TARY ASSE	P - 8	
Enclosed is a	Name of	Person e following amount:		Telephone Number STATE	D 12: 12	ILED
\$25.00 F.		□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Fili Certificate Certified ((additional c	e of Stat Copy	tus &

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

333 INVESTMENTS, LLC			
(Name of the Limi	<u>ted Liability Company as it no</u> (A Florida Limited Liability Co	w appears on our ompany)	r records.)
The Articles of Organization for this Limited L	iability Company were file	ed on 03/30/15	and assigned
This amendment is submitted to amend the fol	owing:		
A. If amending name, enter the new name of	of the limited liability com	pany here:	
The new name must be distinguishable and contain the	words "Limited Liability Compa	ny," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and registered agent ag	/or registered office add	lress on our 1	ZOIS SEP 18 PD 12: TALLAHAS SEE, FLORESTARY the name of the new records, English the name of the new records, English the name of the new records, English the name of the new records.
Name of New Registered Agent:	ELLIOT P. BORKSON,	ESQ.	
New Registered Office Address:	1313 S. ANDREWS AV		
		Enter Florida stree	
	FORT LAUDERDALE		, 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 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.

f Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DONALD L. CASWELL	15609 133rd Terrace, Jupiter, FL	
			Remove
			Change
			Add
			□ Remove
			Change
		 	Remove
			Change
		TALLAHA TALLAHA	Add Remove
		ECRETARY OF STATE. LLAHASSEE. FLORIDA	Remove Remove Change
		ORIDA	
			☐ Remove
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	· 		
•			☐ Remove
			☐ Change

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	TASE 2015
	SEP I
	2
ctive date, if other than the date of filing:	(optional)
effective date is listed, the date must be specific and cannot be prior to date of filing	ing or more than 90 days after filing.) Pursuant to 605.02
If the date inserted in this block does not meet the applicable statutor iment's effective date on the Department of State's records.	ry filing requirements, this date will not be listed
ment seriective date on the Department of State s records.	
ecord specifies a delayed effective date, but not an effec ne 90th day after the record is filed.	ctive time, at 12:01 a.m. on the earlier
ic John day after the record is med.	
2015	
ed Sept. 10 2015	
(INTO THE	
X Ch (CZ)	entative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00