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COVER LETTER

Division of C	orporations				
333 Indus	tries, LLC				
Name of Limited Liability Company					
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.			
	oondence concerning this matter	_			
	Byron Rambo	•			
	<u>.</u>	Name of Person			
	RSB Partners. LLC				
		Firm/Company			
	6931 Tallow Tree rd				
		Address			
	Sanford, FL 2	2771			
	byron.rambo@rsbpartners.c	City/State and Zip Code			
	E-mail address: (to be used for future annual report notif	fication)		
or further information	concerning this matter, please ca	all:			
Byron Rambo		407 792-0621			
Name	of Person	at () Area Code Daytime	e 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed		
Regis	LING ADDRESS: stration Section ion of Corporations	STREET/COURI Registration Sectio Division of Corpor	n		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

333 Industries, 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 _______ anc Florida document number _____L19000201751 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation 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 nam registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City 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 com, provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar wi accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this doci being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liabil. company has been notified in writing of this change. If Changing Registered Agent, Signature of New Registered Age

MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> <u>Tyr</u> **Address** Thomas E Kiefer 3933 South Atlantic Ave apt 1 MGR Port Orange, FL 32127 Thomas E Kiefer 3933 South Atlantic Ave apt 1 **AMBR** Port Orange, Fl 32127 ₽. _ 🗆 1 □ Re □ Ch □ Ad 🗖 Rei Cha 🗓 Adc 🗓 Ren ☐ Cha _□ Add □ Rem Char.

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	Signature of a scottle of authorized representative of a member	1
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Byror	Rambo	1
	Typed or printed name of signee	
		1

Page 3 of 3

Filing Fee: \$25.00