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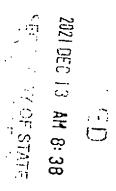
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COVER LETTER

Tallahassee, FL 32314

TO: Registration S Division of Co			
LATERAL	. 33 LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	GUILLERMO MARTINI	Z. CPA	
		Name of Person	
	GUILLERMO MARTINI	EZ & ASSOCIATES, CPA, PLLC	
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	10661 NORTH KENDAL	L DRIVE SUITE 206A	
		Address	
	MIAMI, FLORIDA 33176	1	
		City/State and Zip Code	
	GMARTINEZ@FLORIDA	TAXADVISORS.NET	
	E-mail address: (to be used for future annual report no	tification)
For further information e	oncerning this matter, please c	all:	
GUILLERMO MARTIN	VEZ	786 429-0827	
Name o	f Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for the	ne 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 Addres Registration 5 Division of C	Section	<u>Street Address:</u> Registration Se Division of Co	
P.O. Box 632	•	The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LATERAL 33, 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 12-3-2021 and assigned Florida document number ______L21000513386 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 "L.L.C." 82779 OVERSEAS HIGHWAY Enter new principal offices address, if applicable: ISLAMORADA, FL. 33036 (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: New Registered Office Address: Enter Florida street address 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 familian will 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 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
			\ _Add
			□Remove
			□Change
			
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N/A			
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ctive date, if other than the	date of filing:	(optional)	
effective date is listed, the date mus	be specific and cannot be prior to date of file	ing or more than 90 days after filing.) Pursuant to (605.0207
e: If the date inserted in this bit ament's effective date on the De		ry filing requirements, this date will not be l	isten as
•			
	date, but not an effective time, at 12:0	l a.m. on the earlier of: (b) The 90th day a	iter the
filed.			

Filing Fee: \$25.00

Typed or printed name of signee

GUILLERMO MARTINEZ, CP7