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To:

Division of Corporations

3052201440

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **G33 ADVISORS LLC**

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T. LEMIEUX MAR 16 2022 ٠,

ARTICLES OF AMENDMENT FILED TO ARTICLES OF ORGANIZATION PM 12: 57

SECTION LAY OF STATE

	TALL AHASSEE, FLORIDA
G33 ADVISORS LLC	3
(Name of the Limited Liability Company as it no (A Florida Limited Liability C	ompany)
The Articles of Organization for this Limited Liability Company were file	ed on 02/10/2022 and assigned
Florida document number L22000053085	 :
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compe	my," the designation "LLC" or the abbreviation "LLC"
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 of agent and/or the new registered office address here:	on our records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, 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.

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
AMBR	PEOPLE MARKETING LLC	3905 NW 107TH AVE STE 403	□Add
		DORAL, FL 33178	■Remove
			□Change
AMBR	SALES HUNTER LLC	3905 NW 107TH AVE STE 403	□Add
		DORAL, FL 33178	■Remove
			Change
AMBR	ARALCA CORP	3905 NW 107TH AVE STE 403	□Add
		DORAL, FL 33178	■Remove
			DAdd
			CRemove
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ffective date, if other than the of an effective date is listed, the date must lote: If the date inserted in this blo ocument's effective date on the De	ick does not meet the applic	cable statutory nung	e than 90 days after fili requirements, this da	al) ng.) Pursuant to 605.020 tte will not be listed t
record specifies a delayed effective i is filed.	date, but not an effective t	time, at 12:01 a.m. or	the earlier of: (b)	The 90th day after th
March 14th	2022	·		
	M	_		
	Signature of a member of suit	horized representative o	f a member	