

L22000220000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

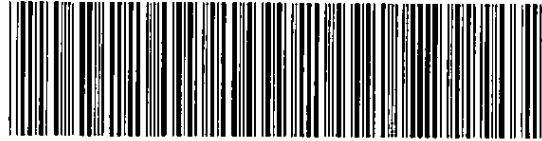
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer

J. HORNE  
JUL 28 2022

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2022 JUL 27 PM 3:08  
2022 JUL 27 PM 12:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ***Sunshine State Corporate Compliance Company***

*3458 Lakeshore Drive Tallahassee, Florida 32312*

*(850) 656-4724*

DATE 7/27/2022

***\*\*WALK IN\*\****

ENTITY NAME 636 SW 33RD AVE LLC

DOCUMENT NUMBER \_\_\_\_\_

***\*\*PLEASE FILE THE ATTACHED AND RETURN\*\****

XXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

***\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\****

*Certified Copy of Arts & Amendments*

*Certified Copy of Arts & Amendments Complete File (Including Annual Reports)*

*Certificate of Status*

*Certificate of Status Reflecting: \_\_\_\_\_*

***\*\*APOSTILLE' / NOTARIAL CERTIFICATION\*\****

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$ 25.00

ACCOUNT # I20160000072

*WALK IN*

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

636 SW 33RD AVE 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 MAY 10, 2022 and assigned  
Florida document number 22000220000

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."

**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:**

**New Registered Office Address:**

*Enter Florida street address*

*City*

*Florida*

*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.*

**FILED**  
2022 JUL 27 PM 12:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
MGR	HILLEL SHOHET	20900 NE 30TH AVENUE, #514	<input type="checkbox"/> Add
		AVENTURA FL 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LINOR SHOHET	301 EAST 50TH STREET 14A	<input checked="" type="checkbox"/> Add
		NEW YORK, NY 10022	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated \_\_\_\_\_, \_\_\_\_\_.

HILLEL SHOHEET, AUTHORIZED REPRESENTATIVE

Typed or printed name of signee