Division of Corporations

## Elorida Department of State Division of Corporations Heckanic Filing Cover Sheet

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To:	Division of Co	rporations	
	Fax Number	: (850)617-6383	
From	:		₹.
	Account Name	: BUSINESS CHOICE, INC.	Ž.
	Account Number	: 120010000004	7-
	Phone	: (954)782-1829	AH.
	Fax Number	: (954)697-0245	Ś
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OI ##Frete	er the email address	s for this business entity to be ings. Enter only one email addre	used for tyture

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AZURE AUTOMOTIVE, LLC.

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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AZURE AUTOMOTIVE, LLC.	:	TĂLLAHASSEE. FLORIDA
(Name of the Limited Liability Comp. (A Florida Limited	ny as it now appears on our re Liability Company)	cords) Cords
The Articles of Organization for this Limited Liability Company Florida document number L19000153631	i	•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	ollity company here:	
A TURE HOME BUILD LLC		and the state of t
The new name must be distinguishable and contain the words "Limited Liab	flity Company," the designation	"LLC" or the aboreviation 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 pudgress MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	: address on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Enser Florida street a	iddress
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen		To the state of
I hereby accept the appointment as registered agent and as provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officeompany has been notified in writing of this change.	te performance of my auch s provided for in Chapter	605, F.S. Or, if this document is
if C	banging Registered Agent, <u>Sign</u>	nture 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 = M $AMBR = A$	ianager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			DAdd
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D. If amend	ing any other information, enter chang	ge(s) here: (Attach additional shee	ets if necessary.)	
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F Effective	date, if other than the date of filing: _		  (optional)	
(If an effect Note: If	ive date is listed, the date must be specific and can the date inserted in this block does not meet	not be prior to date of filing or more than? the applicable statutory filing require	90 days after öling.)   ements, this date w	Pursuant to 605,020 /ill not be listed r
documen	t's effective date on the Department of State	e's records.		
If the record	pecifies a delayed effective date, but not an	effective time, at 12:01 a.m. on the e	arlier of: (b) The	90th day after th
record is filed	•			
Dated _	5/9	2025		
Dated _			; ;	
	Signature of a mer	pher or authorized representative of a me	mber	
	NOTE DATE NA		l l	
	ROMERIO DA SILVA			