

9/25/2020

Division of Corporations

Handwritten: Lop 900183594

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

Y SIKKER

From: Account Name : LAW OFFICES OF PAUL R. SASSO
Account Number : I20170000049
Phone : (305)234-2586
Fax Number : (305)234-2584

SEP 29 2020

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

Email Address: PRSLAW@MSN.COM

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SECRETARY OF STATE
VISION OF CORPORATION
20 SEP 29 AM 11:19

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
1883 SW 11 ST, LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$25.00 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1883 SW 11 ST, 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 July 29, 2019 and assigned Florida document number L19000183594

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

AZORA HOLDINGS, LLC

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)

FILED SEP 28 11:19 AM STATE OF FLORIDA DEPARTMENT OF CORPORATION

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.

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------|------------------------------------|---|
| MGR | Joshua Zamora | 1600 SW 16 Avenue, Miami, FL 33145 | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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