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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : ATHENA BUSINESS AND TAX ADVISORS LLC
Account Number : I20230000123
Phone : (407)777-2501
Fax Number : (407)777-2502

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AZ FORT LLC**

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10/10/23 12:22 PM

STATE OF FLORIDA
DIVISION OF CORPORATIONS
FILING OFFICE

20231010 12:17

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AZ FORT LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANDREIA GUIMARÃES

Name of Person

ATHENA BUSINESS AND TAX ADVISORS LLC

Firm/Company

7680 UNIVERSAL BLVD STE 100

Address

ORLANDO FL 32819

City/State and Zip Code

ANDREIA@ATHENATAXADVISORS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREIA GUIMARÃES

Name of Person

at (407) 777-2501

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

AZ FORT 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 07/11/2023 and assigned
Florida document number L2 3000 324648

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)

3350 SW 3RD AVE STE 204
FORT LAUDERDALE, FL, US
33315-3344

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3350 SW 3RD AVE STE 204
FORT LAUDERDALE, FL, US
33315-3344

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:

ATHENA BUSINESS AND TAX ADVISORS LLC

New Registered Office Address:

7680 UNIVERSAL BLVD STE 100

Enter Florida street address

ORLANDO

City

Florida

32819

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.

[Signature]

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

Title	Name	Address	Type of Action
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AMBR	TELTEX TECHNOLOGY CORP	409 NW 10th TER SUITE 6-16	<input type="checkbox"/> Add
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		HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Remove
--	--	----------------------------	---------------------------------

			<input type="checkbox"/> Change
--	--	--	---------------------------------

AMBR	BAZARO MANAGEMENT LLC	3350 SW 3RD AVE STE 204	<input type="checkbox"/> Add
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		FORT LAUDERDALE, FL, US	<input type="checkbox"/> Remove
--	--	-------------------------	---------------------------------

		333 15- 3344	<input checked="" type="checkbox"/> Change
--	--	--------------	--

AMBR	MANAOS INVESTMENTS LLC	3350 SW 3RD AVE STE 204	<input type="checkbox"/> Add
------	---------------------------	-------------------------	------------------------------

		FORT LAUDERDALE, FL, US	<input type="checkbox"/> Remove
--	--	-------------------------	---------------------------------

		333 15- 3344	<input checked="" type="checkbox"/> Change
--	--	--------------	--

			<input type="checkbox"/> Add
--	--	--	------------------------------

			<input type="checkbox"/> Remove
--	--	--	---------------------------------

			<input type="checkbox"/> Change
--	--	--	---------------------------------

			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
--	--	--	---------------------------------

			<input type="checkbox"/> Change
--	--	--	---------------------------------

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

PLEASE ADD EIN# 95-2992234

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated OCTOBER 10 2023



Signature of a member or authorized representative of a member

ROMULLO RIBEIRO AZARO

Typed or printed name of signer

Filing Fee: \$25.00