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ZOI6 JUL 25 PM 5:50

J. HARRIE

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	ASSOCIAL PROPERTY 110
	Name of Limited Liability Company
The enc	sed Articles of Amendment and fee(s) are submitted for filing.
Please r	urn all correspondence concerning this matter to the following:
	Alejandro Gontage
	Name of Person
	PLIN COD TIE. Firm/Company
	Firm/Company
	444 Brichell Ava # 710
	Address
	City/State and Zip Code
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For furt	er information concerning this matter, please call:
M	Name of Person Area Code Daytime Telephone Number
	Name of Person Area Code Daytime Telephone Number
Enclose	is a check for the following amount:
	0 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

AZOGNA PROT	pezties	LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appea Liability Company)	rs on our records	<u>.</u>)	
The Articles of Organization for this Limited Liability Company	were filed on _	July 1,	2016	_ and assigned
Florida document number <u>L16 000123317</u> .		-		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company h	ere:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the o	designation "LLC"	or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			TA:E	ਲ
			- F	
			200	N . (402)
Enter new mailing address, if applicable:			77.5	
(Mailing address MAY BE A POST OFFICE BOX)			Es.	2
(Mutuing duaress MAI BE A FOST OFFICE BOX)			22	2
	-		<u>⊓</u> m	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		our records	, <u>enter th</u>	e name of the new
Name of New Registered Agent:				<u></u>
New Registered Office Address:				
Town registered of the Fitaliess.	Enter Florida street address , Florid a			
·				
	City			Zip Code
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of provided for in (^r my duties, and Chapter 605, F	d I am fan F.S. Or, if i	niliar with and this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBIL	AGONZA INVESTMENT	corts	XAdd
		P.O. DOX 146, ROAD +0000	□ Remove
		torbola, Initish Virgin Islan	% □ Change
SEMA	ARGOZA FUVESTMENT CAN	444 Brideel Ave	Add
		Sm7E # 710	Remove
		MiAmi, Fc. 23131	Change
			Add
			□ Remove
			Change
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		——————————————————————————————————————	Remove
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E. Effecti	ve date, if other than the date of filing: July 1, 2016 (option	al)	
(If an effe	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fil	ing.) Pursuant to 605.020	07 (3)(b)
docume	If the date inserted in this block does not meet the applicable statutory filing requirements, this dent's effective date on the Department of State's records.	ate will not be listed a	is the
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.r	n. on the earlier o	of:
(D) THE	90th day after the record is filed.		
Dated	July 20 1, 2016.		
Dutou _			
		A S	
	Signature of a member authorized representative of a member		į
	ALEIANDIED GENERALEE	23	•
	Typed or printed name of signee) 9
	Page 3 of 3	PH I2: 20 OF STATE E.FLORID,	
	Filing Fee: \$25.00	Fr.	