## 117000040923

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## **COVER LETTER**

TO:	Registration Se Division of Cor			
	,	ERPRISE, LLC		
SUBJ	ECT:		ited Liability Company	
The er	nclosed Articles of .	Amendment and fee(s) are subi	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		CLEITON CARDOSO		
			Name of Person	
		DOMINIUM CONSULTIN	G SERVICES, LLC	
			Firm/Company	
		6965 PIAZZA GRANDE	AVE , UNIT 206	
		ORLANDO - FL 32835	Address	
		info@dominiumcs.com	City/State and Zip Code	
		E-mail address: (0	to be used for future annual report notifi	cation)
For fu	rther information c	oncerning this matter, please ca	all:	
LEON	IARDO FIGUEIR	EDO	407 374.2329	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclo	sed is a check for th	ne following amount:		
<b>⊠</b> \$3	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/COURIER ADDRESS:

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

## DocuSign Envelope ID: C301E8D9-71CF-41D7-B1C1-6546298E04C0 ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION OF**

LLHT ENTERPRISE, LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our re- Liability Company)	cords.)
he Articles of Organization for this Limited Liability Company L17000040923		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	oility company here:	
AZZLY ENTERPRISE, LLC		
ne new name must be distinguishable and contain the words "Limited Liabi	ility Company." the designation	LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
• •		
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
Taking with the Best Control of the Bridge		
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. If amending the registered agent and/or registered o egistered agent and/or the new registered office address her		ords, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ac	ldress
		, Florida
•	City	Zip Code
	•	•

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, Fthis document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited lia Hity company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered

DocuSign Envelope ID: C301E8D9-71CF-41D7-B1C1-6546298E04C0
II amending Authorized rerson(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>	Type of Action
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		ORLANDO, FL 32835	
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