L18000193255

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000281810 3)))

H18000281810 3ABC$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : LEGALZOOM.COM INC.
Account Number : I20010000062
Phone : (323)962-8600
Fax Number : (323)962-3889

2018 SEP 27 AM 8:26

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

Email Address: _____

RECEIVED
2018 SEP 27 AM 12:34

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AZZIRO LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	$55.00

T. CLINE
SEP 28 2018
EXAMINER

Electronic Filing Menu Corporate Filing Menu Help

FAX COVER SHEET

TO	
COMPANY	
FAX NUMBER	18506176383
FROM	Amanda Sando
DATE	9/27/2018 8:04:16 AM PDT
RE	(((H18000281810 3))) AZZIRO LLC - LZ#528634552

COVER MESSAGE

2018 SEP 27 AM 8:29

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: AZZIRO 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:

Cheyenne Moseley
Name of Person

Legalzoom.com, Inc.
Firm/Company

101 N. Brand Blvd., 11th Floor
Address

Glendale, CA 91203
City/State and Zip Code

bjorn@azziro.com
E-mail address: (to be used for future annual report notification)

FILED
2018 SEP 27 AM 8:29

For further information concerning this matter, please call:

Cheyenne Moseley at (800) 773-0888 ext. 9724
Name of Person — 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

AZZIRO 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 09/18/2017 and assigned Florida document number L17000193255.

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 end with 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)

770 Claughton Island Dr Ste PH8
Miami, Florida 33131

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

770 Claughton Island Dr Ste PH8
Miami, Florida 33131

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

_____, Florida _____
City *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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Bjorn Heisterkamp	200 South Biscayne Boulevard, Suite 2790	☐ Add
		Miami, Florida 33131	☑ Remove
AMBR	Dafne Martinez	200 South Biscayne Boulevard, Suite 2790	☐ Add
		Miami, Florida 33131	☑ Remove
AMBR	Bjorn Heisterkamp	770 Claughton Island Dr Ste PH8	☑ Add
		Miami, Florida 33131	☐ Remove
AMBR	Dafne Martinez	770 Claughton Island Dr Ste PH8	☑ Add
		Miami, Florida 33131	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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

E. Effective date, if other than the date of filing: _____ **(optional)**
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated September 24th, 2018

Signature of a member or authorized representative of a member

Bjorn Heisterkamp

Typed or printed name of signee

FILED
SEP 27 AM 8:27

Filing Fee: $25.00