

C17000193255

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H18000281810 3)))



H180002818103ABC\$

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

From:
Account Name : LEGALZOOM.COM INC.
Account Number : 120010000062
Phone : (323) 962-8600
Fax Number : (323) 962-3899

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: _____

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

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

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SEP 28 2018
EXAMINER

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RECEIVED
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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

This email and any attachments to it may be confidential. If this email was sent to you in error, please notify me immediately by replying to this email, and please do not use, distribute, retain, print, or copy the email or any of its attachments. LegalZoom is not a law firm and provides self-help services at your specific direction. LegalZoom is located at 9900 Spectrum Drive, Austin, TX 78717.

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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)

For further information concerning this matter, please call:

Cheyenne Moseley

800 773-0888 ext. 9724

at ()

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

2018 SEP 27 AM 8:26

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
--------------	-------------	----------------	-----------------------

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 Cloughton Island Dr Ste PH8	☒ Add
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		Miami, Florida 33131	☐ Remove
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AMBR	Dafne Martinez	770 Cloughton Island Dr Ste PH8	☒ Add
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		Miami, Florida 33131	☐ Remove
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			☐ Add
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			☐ Remove
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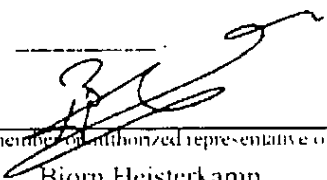
			☐ Add
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			☐ Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

F. 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

2018 SEP 27 AM 8:27