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S. YOUNG

COVER LETTER

' Div	ision of Corp	orations					
SUBJECT:	Azymus Inve	estments. LLC					
Name of Limited Liability Company							
The enclosed	Articles of A	amendment and fee(s) are subm	nitted for filing.				
Please return	all correspon	dence concerning this matter t	to the following:				
		Dario Blum Barros					
			Name of Person				
			Firm/Company				
7041 Grand National Dr. Suite 236							
			Address				
		Orlando, FL, 32819					
		.	City/State and Zip Code				
		dblum@usa.com					
		E-mail address: (t	o be used for future annual report notifi	ication)			
For further in	nformation co	ncerning this matter, please ca	alf:				
Dario Blum	Barros		407 800-1878				
	Name of	Person	at () Area Code Daytime	Telephone Number			
Enclosed is a	a check for the	e following amount:					
□ \$25.00 F	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:

TO:

Registration Section

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

Azymus Investments, LLC		
(Name of the Limited Liability (A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com- Torida document number L17000112233	npany were filed on 05/22/2017	and assigned
this amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	d liability company here:	
zymus Consulting, LLC		
ne new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		9
Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	<u> </u>
		20 1
, nter new mailing address, if applicable:		
Auiling address MAY BE A POST OFFICE BOX)		<u> </u>
. If amending the registered agent and/or register egistered agent and/or the new registered office addres		enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Flori	ida
	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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
			Add
		~	☐ Remove
			□ Change
			Add
			□ Remove
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Note: If	e date, if oth tive date is liste the date inse at's effective of	rted in this l	błock does r	not meet th	ie applicab	date of tiling of the statutory f	r more than ling require	(option of the contract of the	o nal) filing.) Pursua s date will no	nt to 605.0207 t be listed as
	rd specifie: Oth day af				but not a	an effectiv	e time, a	t 12:01 a	a.m. on the	e earlier of
Fe	ebruary 07			201	9					
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Dated		$\sim \chi = I/I$		1						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00