105000107544

Florida Department of State
Division of Corporations
Public Access System

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.

(((H08000234612 3)))

H08000234612 3ABC-

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

FILED
08 OCT 13 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

From:
Account Name : MARTIN ACCOUNTING & TAX SERVICE, INC
Account Number : I20060000012
Phone : (305)826-5886
Fax Number : (305)722-0535

RECEIVED
08 OCT 13 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

AZ MANAGEMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$25.00

Electronic Filing Menu Corporate Filing Menu Help

M. THOMAS
OCT 14 2008
EXAMINER

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

AZ MANAGEMENT, 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 NOVEMBER 04, 2005 and assigned Florida document number L05000107544.

FILED
08 OCT 13 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

1436 WEST 49 STREET
HIALEAH, FL 33012

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

1436 WEST 49 STREET
HIALEAH, FL 33012

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 608, 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)

FROM : FAX NO. :3053621961 Oct. 11 2008 12:53PM P1

10/13/2008 10:09 3057220535 MARTIN ACCOUNTING PAGE 03/03

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	GOMEZ MAURICIO	19916 SW 49 CT MIRA MAR, FL 33029	☐ Add ☑ Remove
MGRM	SIERRA CATALINA	19416 SW 49 CT MIRA MAR, FL 33029	☐ Add ☑ Remove
MGRM	BERNAL CATALINA	1436 WEST 49 STREET HIALEAH, FL 33012	☐ Add ☑ Remove
MGRM	PAGA JORGE	1436 WEST 49 STREET HIALEAH, FL 33012	☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated OCTOBER 10, 2008

Signature of a member or authorized representative of a member

ANDRES ZUNIGA MGRM
Typed or printed name of signer

FILED
08 OCT 13 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA