LD7000107389

(Requestor's Name)
(,	Address)	
(.	Address)	
(1	City/State/Zip/Phor	ne #)
PICK-UP	Mait Wait	MAIL
(1	Business Entity Na	me)
(1	Document Number)
Certified Copies	Certificate	es of Status

Special Instructions to Filing Officer:

L. SEI LERS

DEC 14 2011

EXAMINER

Office Use Only



700215053607

12/12/11--01014--008 **25.00

SECRETARY OF STATE TALLAHASSEE: FLORIDA

COVER LETTER

Division of Co			17 \$	
SUBJECT:	, BAZ AS	SOCIATES LLC		
		nited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are su	abmitted for filing.		
Please return all corresp	ondence concerning this matte	er to the following:		
		Bobby Zacharias		
		Name of Person		
		Baz Associates LLC		
		Firm/Company		
	5309 S.W. 111TH Terrace			
		Address		
		Davie, FL 33328		
		City/State and Zip Code		
	F mail address	bzach37@aol.com		
For further information of	concerning this matter, please	(to be used for future annual report notification)		
Bot	oby Zacharias	at (954) 993-	8311	
	of Person	Area Code & Daytime Telep		
Enclosed is a check for the	he following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	3\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
MAIL	ING ADDRESS:	STREET/COURIER AI	ODRESS:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DAZ ASSOCIATES LIC

	inhility Company as it now appear	e on our recorde	
(A F	liability Company as it now appear Florida Limited Liability Company)	s on our records.	
The Articles of Organization for this Limited Lial Florida document number		11/18/2003	and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	the limited liability company her	<u>e</u> :	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	ny," the designation '	'LLC" or the abbreviation
Enter new principal offices address, if applical	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE B	<u>ox)</u>		
B. If amending the registered agent and/or registered agent and/or the new registered officers.	9	our records, enter	the name of the new
			TAESE 11
Name of New Registered Agent:			
New Registered Office Address:			ASS Z
	Ent	ter Florida street ad	ME E
		, Florida _	FO NO
	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 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.

New Registered Agent's Signature, if changing Registered Agent:

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 = M MGRM =	lanager ∙ Managing Member `		
<u>Title</u>	Name	<u>Address</u>	Type of Action
			Add Remove
			Add Remove
			Add Remove
		nter change(s) here: (Attach additional sheets, if necessary.) THE NEW NUMBER IS FEIN: 90-0511182	
– Dated	December 08		_
	Signature o	Par member or authorized representative of a member	
		Bobby Zacharias Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00