L08000067318

(Re	questor's Name)	
(· ·	,	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL.
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	, !

Office Use Only



300183347373

07/19/10--01035--004 **60.00

FILED

10 JUL 19 PM 4: 18

SECRETARY OF STATE
SECRETARY OF STATE
ORIDINAL

J. BRYAN

J. BRYAN

EXAMINER

JUL 2 0 2010

EXAMINER

Law Offices of Bonnie A. Brown

73 SW Flagler Avenue Stuart, Florida 34994

Real Estate, Title Services, Probate, Short Sales and Foreclosures

Telephone: (772) 22 I -9024 Fax: (772) 221-9086

July 15, 2010

Amendment Section **Division of Corporations** Post Office Box 6327 Tallahassee, FL 32314

RE:

Client:

AZA Business Enterprises, LLC

Document Number:

L08000067318

To Whom It May Concern:

Enclosed you will find Articles of Amendment to Articles of Organization for the above referenced entity. We have also enclosed our trust account check in the amount of \$60.00, for payment of the filing fee and a certificate of status and certified copy. Please return the documents to our office in the enclosed selfaddressed, stamped envelope.

If you have any questions, please feel free to contact me.

Respectfully,

Bonnie A. Brown, Esquire

COVER LETTER

TO:

TO:	Registration So Division of Co				
SUBJE	CT:	AZA Busines	ss Enterprises, LLC		
			led Liability Company		
The enc	losed Articles of	`Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
			Bonnie A. Brown		SEC SEC
			Name of Person		RET!
Law Offi		Law Offic	ces of Bonnie A. Brown, LLC		JUL 19 PH 4: 18 CRETARY OF STATE CAHASSEE, FLORIC
			Firm/Company		PF S PF S
73		7:	3 SW Flagler Avenue		: 18 TATE ORIO
			Address		77
			Stuart, FL 34994		
		bonni	City/State and Zip Code e@bonnieabrownpa.com		
For furt	her information	E-mail address: (t	to be used for future annual report notifical	tion)	
	Bo	nnie A. Brown	at (21-9024	
	Name	of Person	Aren Code & Daytime Telephone Numbe		r
Enclose	d 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)	Certified	ite of Status &
	Regis	LING ADDRESS: tration Section	STREET/COURIE Registration Section Division of Corporat		
Division of Corporations P.O. Box 6327			Clifton Building	, Crito	

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AZA	Business Enterprises, LL	<u> </u>	
(Name of the Limited	Liability Company as it now appears A Florida Limited Liability Company)	on our records.	
The Articles of Organization for this Limited L	iability Company were filed on	07/11/2008	and assigned
Florida document numberL0800006	7318		Po =
This amendment is submitted to amend the follows. A. If amending name, enter the new name of	•		FILET JUL 19 PM ECRETARY OF
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Compan	y," the designation "	75 -
Enter new principal offices address, if appli	cable;		T-
(Principal office address MUST BE A STREE	ET ADDRESS)		
			·
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE			
B. If amending the registered agent and registered agent and/or the new registered of		ur records, <u>enter</u>	the name of the nev
Name of New Registered Agent:	Alexander Friedman		
New Registered Office Address:	4986 South 25th Street	er Florida street ad	duana
		er rioriaa sireet da	
	Fort Pierce,	, Florida	34981 Zip Code
	City		zip Coae

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

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** Address Type of Action **Name** MGRM ABFZ, LLC 4986 South 25th Street, #1-4 ✓ Add Remove Fort Pierce, Florida 34981 ALMAVIRA, LLC MGRM 4986 South 25th Street, Units 1-4 Fort Pierce, Florida 34981 ✓ Remove Add ☐ Remove Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) July 14 2010 Dated Signature of a member or authorized representative of a member Alexandre Barmak

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee