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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	Legar	to Azul, LLC	
<del></del>		ted Liability Company	
	•		
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Mid	chael R. Greenlee, Esq.	
		Name of Person	
	Smith Frohw	ein Tempel Greenlee Blaha, I	LLC
		Firm/Company	
	2 F	Ravinia Drive, Suite 700	
		Address	
		Atlanta, GA 30346	
		City/State and Zip Code	
	E-mail address: (	reenlee@sentrylg.com to be used for future annual report notifical	tion)
For further information co	ncerning this matter, please o	•	,
	, France		
	el R. Greenlee	at ( 770 ) 70  Area Code & Daytime T	09-0070
Name of	Person	Area Code & Daytime T	elephone Numb <del>e</del> r
Enclosed is a check for the	e 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)
	WG 1 PPPPGG		DDDDGG

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Le	garto Azul, LLC
(Name of the Limited Liabil	ity Company as it now appears on our records.) a Limited Liability Company)
(XI I IOILU	a Difficult Diability Company)
The Articles of Organization for this Limited Liability	Company were filed on September 23, 2008 and assigned
Florida document number L08000090633	
This amendment is submitted to amend the following:	
This amendment is submitted to amend the following.	
A. If amending name, enter the new name of the li	mited liability company here:
La	igarto Azul, LLC
The new name must be distinguishable and end with the w "L.L.C."	vords "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADI	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
(Mutting uturess MAT BE A FOST OFFICE BOA)	
R If amending the registered agent and/or reg	istered office address on our records, enter the hame the new
registered agent and/or the new registered office ac	Idraes hara
	APE S T
Name of New Registered Agent:	AS AS
Manie of New Registered Agent.	
New Registered Office Address:	
	Enter Florida street addres
·	Florida 5 3
	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

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:

			Remove  Add Remove
			Remove
			D Damaua
<del></del> .			
			Add Remove
			Remove
			<u> </u>
If amending	any other information, ent	ter change(s) here: (Attach additional sheets,	if necessary.)
	August	0000	
ated	August 3	a member or authorized representative of a memb	
_M	_	q., authorized representative of Eric F.  Typed or printed name of signee	