## L09 0000 22764

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APR 1 8 2011

EXAMINER

## **COVER LETTER**

Division of Co	orporations				
SUBJECT:	AZIZ I	Holdings, LLC			
		ited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.			
Please return all corresp	ondence concerning this matter	r to the following:			
		Abdalaabaaaa 7-isi			
		Abdelrahman Zeini Name of Person			
		Firm/Company			
	422	S. Alafaya Trail Suite 17			
		Address			
		Orlando, FL 32828			
		City/State and Zip Code			
	E-mail address: (	bdelz@zeinilaw.com to be used for future annual report notific	cation)		
For further information	concerning this matter, please o	eall:		201 SE TALL	•
Abd	elrahman Zeini	at ( 407 ) 3	381-2505	LAPR CRETA	7 - 6
Name	of Person	Area Code & Daytime	Telephone Number	15 SSEL	-
				OF ST	
Enclosed is a check for	the following amount:			SA S	O
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ns Fee, the of Status &	

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

AZIZ Holdi	ngs, LLC				
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appea liability Company)	rs on our records.)		<u> </u>	
The Articles of Organization for this Limited Liability Company	were filed on	3/09/2009	an	d assigr	ned
Florida document numberL09000022764					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company her	<u>·e</u> :			
Triple Z Rea	alty, LLC				
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Compa	iny," the designation	"LLC" or	the abb	reviation
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)			A SE	20	
			AR .	70	EF>
			AS	<i>7</i> 0	A. Samuel
Enter new mailing address, if applicable:			SEE SEE	ဟ	
(Mailing address MAY BE A POST OFFICE BOX)			) H	至	
			RA RA	<b>5</b>	U
			Dm .	<u> </u>	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		our records, <u>enter</u>	the nai	ne of t	the new
Name of New Registered Agent:		<u></u>			
New Registered Office Address:					
	En	ter Florida street aa	ldress		
		, 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

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

MGR = Manager

MGRM = N	Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			□ D a
			F= n
			<u> </u>
			Add Dep Remove
D. If amend	ding any other information, o	enter change(s) here: (Attach additional sheets, if	necessary. SSEE, FLOR
_			TIE A
 Dated	April 13		
	Signature	of a member or authorized representative of a member  Abdelrahman Zeini  Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00