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SECRETARY OF STATE
ALLAHASSEF

D. BRUCE
SEP 30 2009
EXAMINER

COVER LETTER

TO: Registration Division of C				•		
SUBJECT:	Anzai	Realty, LLC				
		ited Liability Company				
The enclosed Articles	of Amendment and fee(s) are sul	omitted for filing.				
Please return all corres	pondence concerning this matter	to the following:				
		Michael C. Zari				
		Name of Person				
		A2Z Innovations, Inc.				
		Firm/Company				
	PO Box 338					
		Address		A.	09	
		Madison, AL 35758		AAC AAC	SEF	-
		City/State and Zip Code		TAR) ASSI	29	ILEU
	E-mail address: (to be used for future annual report no	otification)	E GF	P	
For further information	concerning this matter, please of	zali:		STATI FLORIC	09 SEP 29 PH 2: 21	
N	lichael C. Zari	at (256)	797-8393	A	-	
Name	e of Person		time Telephone Number			
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed) Certified	e of Status &		ed)
Regi Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassec, FL 32314	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	porations ; Center Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Anza	ar Realty, LLC		
(<u>Na</u>	me of the Limited Liability (A Florida L	Company as it now appea imited Liability Company)	irs on our records.)	
The Articles of Organization f	1.00000001454	ompany were filed on	July 02, 2009	and assigned
Florida document number	L09000064154	_·		
This amendment is submitted	to amend the following:			
A. If amending name, enter	the new name of the limit	ted liability company he	<u>re</u> :	
The new name must be distingui "L.L.C."	shable and end with the word	ds "Limited Liability Comp	eany," the designation "L	LC" or the abbreviation
	J.J.,			
Enter new principal offices a	, <u></u>			
(Principal office address MUS	<u>ST BE A STREET ADDR</u>	<u>ESS)</u>		<u> </u>
				09 S
				E G G
Enter new mailing address, i	f applicable:	··	<u> </u>	29
(Mailing address MAY BE A	POST OFFICE BOX)			
				ES N
				2
B. If amending the registe	red agent and/or registe	ered office address on	our records, enter th	e name of the new
registered agent and/or the n	ew registered office addr	<u>ess here</u> :		
N. CN. D. C.	4			
Name of New Regist	ered Agent:			
New Registered Offi	ce Address:			
		E	nter Florida street addi	ess
			, 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Ma MGRM = 1	anager Managing Member	•	•
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>VP</u>	Michael Carl Zari	PO Box 338	Add
VP = Vice	President	Madison, AL 35758-0338	Remove
			□ D
			⊟ N
D. If amen	ding any other information, ente	r change(s) here: (Attach additional sheets, if nece	Add Remove O9 SEP 29 ssary.) AHASSETARY
 	V		PH 2: 25 OF STATE FLORIDA
Dated	September 25 ,	2009 . member or authorized representative of a member	
	Jaganese V VI G	Michael C. Zari Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00