

L10000028959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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11 JUN -6 AM 10:44
SECTION 601, STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

JUN -7 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AZUIZE DRESSING CARTEL LLC.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LUIMAR A. NEYRA
Name of Person
AZUIZE DRESSING CARTEL LLC.
Firm/Company
15413 SW 18 ST.
Address
MIAMI, FL 33185
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUIMAR NEYRA at (786) 252 6406
Name of Person Area Code & Daytime Telephone Number

Enclosed 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) ☐ \$60.00 Filing Fee; Certificate of Status & Certified Copy (additional copy is enclosed)

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

FILED
11 JUL -5 AM 10:44
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

AZURE DRESSING (ART-E)
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/12/2010 and assigned Florida document number L10000028959.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

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 = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
M	LUIMAR A. NEYRA	15413 SW 18 STREET MIAMI, FL 33185	☐ Add ☐ Remove
MGRM	SERGIO CASTAÑO		☐ Add ☐ Remove
MGRM	RAUL CONTRERAS	642 EAST 8 STREET UPLAND, CA 91786	☐ Add ☐ Remove
MGRM	RAFAEL B. LEE	16900 S.W. 143 CT MIAMI, FL 33177	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

CHANGING THE TITLES FROM PREVIOUS
MEMBERS TO THE CORRECT CURRENT MANAGERS
AND MANAGING MEMBER TITLES

Dated 6/03/11

Signature of a member or authorized representative of a member

LUIMAR NEYRA

Typed or printed name of signee