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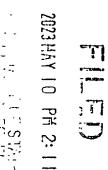
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Y. SCOTT
JUL - 8 20/3

,	COVER LETTER	
TO: Registration Division of C		
Bazu, LL	J.C	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are submitted for filing.	
Please return all corres	spondence concerning this matter to the following:	
	Tom Runyan	
	Name of Person	
	The Runyan Law Firm	202
	Firm/Company	3 HA
	1301 E Oakland Park Blvd	2023 MAY 10
	Address	P
	Oakland Park, FL 33334	5
	City/State and Zip Code	
	tom@runyanlawfirm.com E-mail address: (to be used for future annual report notification)	
For further information	on concerning this matter, please call:	
Tom Runyan	954 561-9466	
Name	at () ne of Person	-
Enclosed is a check for	or the following amount:	
■ \$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certificate of St Certified Copy (additional copy is compared to the copy is considered to the copy in copy in copy in copy is considered to the copy in copy	atus &
P.O. Box 6	n Section Registration Section f Corporations Division of Corporations	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bazu, LLC	
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) ompany)
The Articles of Organization for this Limited Liability Company were file	ed on 9-29-2010 and assigned
Florida document number L10000101560	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability com	pany here:
The new name must be distinguishable and contain the words "Limited Liability Compa	ny," 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)	2023 FA
B. If amending the registered agent and/or registered office address of agent and/or the new registered office address here:	on our records, enter the name of the new registe
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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Michael McCloud	7867 Golf Circle Drive #112	■Add
		Tamarac, FL 33063	□Remove
			Change
			□Add
			□Remove
			□Change
			DAdd
			Remove
			Remove
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			□Add
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			Change
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			Remove
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fective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing of the date inserted in this block does not meet the applicable statutory from the date on the Department of State's records.	or more than 90 days a	ptional) fler filing.) P this date wi	ursuant till not b	o 605.02 e listed
record specifies a delayed effective date, but not an effective time, at 12:01 all is filed.	m. on the earlier of	(b) The 9	90th day	after th
May 9, 2023. Moette Robell Signature of a member or authorized representa				

Filing Fee: \$25.00