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SECRETARY OF STATE
ALLAHASSEF FLORIDA

N. Culligan AUG 172011

COVER LETTER

Division of Co	rporations						
SUBJECT:	AZURE IN	VESTMENTS LLC					
SOBJECT:	Name of Lim	ited Liability Company					
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.					
Please return all corresp	ondence concerning this matter	r to the following:					
		AYSHE KADIR					
		Name of Person					
	AZURE INVESTMENTS LLC						
		Firm/Company					
	4440 PGA BOULEVARD, SUITE 600						
		Address	and the same of th				
	PALM B	EACH GARDENS, FL 3	3410				
	City/State and Zip Code						
	INFO@A3ENTERPRISES.COM E-mail address: (to be used for future annual report notification)						
For further information of	concerning this matter, please of	•	(Marie Marie				
AY	/SHE KADIR	at (561)	427 7246				
Name o	of Person	Area Code & Daytime Telephone Number					
Enclosed is a check for t	the following amount:						
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	Sed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose)	ed)			

TO:

Registration Section

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 ARTICLES OF AMENDMENT 11 AUG 16 PM 3:03

ARTICLES OF ORGANIZATION SECRETARY OF STATE TALLAHASSEE, FLORIDA

	KE INVESTMENTS LL		
(Name of the Limited L. (A F	iability Company as it now apper Torida Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liab Florida document numberL100001312		12/27/2010	_ and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, <u>enter the new name of t</u>	he limited liability company he	ere:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	pany," the designation "LLC	or the abbreviation
Enter new principal offices address, if applicat	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
		<u>., </u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u> </u>		
	 	, ,, , , , , , , , , , , , , , , , , ,	
B. If amending the registered agent and/or registered agent and/or the new registered officers.		our records, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:	7.7		
		nter Florida street addres	
	City	, Florida	7in Code
	f 1917		# 171 C / WIU

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 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 <u>Title</u> **Address Type of Action Name** MGR AYSHE KADIR 4440 PGA BOULEVARD, SUITE 600 ✓ Add PALM BEACH GARDENS Remove FL 33410 ☐ Add ☐ Remove _ Add _ Remove Remove ∏Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 꾶 **5TH AUGUST** 2011 Dated_ Signature of a member or authorized representative of a member **AYSHE KADIR** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00