

L10000131243

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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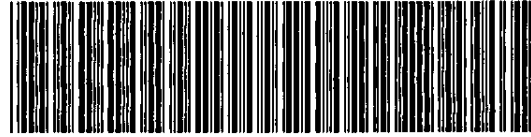
(Business Entity Name)

(Document Number)

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11 AUG 16 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan AUG 17 2011

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AZURE INVESTMENTS 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:

AYSHE KADIR

Name of Person

AZURE INVESTMENTS LLC

Firm/Company

4440 PGA BOULEVARD, SUITE 600

Address

PALM BEACH GARDENS, FL 33410

City/State and Zip Code

INFO@A3ENTERPRISES.COM

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

For further information concerning this matter, please call:

AYSHE KADIR

Name of Person

at (**561**)

427 7246

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

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11 AUG 16 PM 3:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

Page 1 of 2

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	AYSHE KADIR	4440 PGA BOULEVARD, SUITE 600 PALM BEACH GARDENS FL 33410	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

FILED
11 AUG 16 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated 5TH AUGUST, 2011.



Signature of a member or authorized representative of a member
AYSHE KADIR

Typed or printed name of signee