L 11000036526

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Lasiness Limit, Name)					
(Document Number)					
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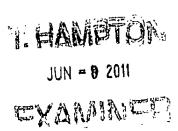


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11 JUN -8 AH H: 28

SECRETARY OF STATE
DIVISION OF CORPORATIONS



COVER LETTER

Division of Co	orporations				
SUBJECT.	AZULES IN	IVESTMENTS LLC			
Name of Limited Liability Company					
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corres	pondence concerning this matte	r to the following:			
		ELVIRA F CRUZ			
		Name of Person			
	Firm/Company				
	4501 GILPIN WAY				
		Address			
		ORLANDO, FL 32812			
	ew-crub	City/State and Zip Code			
	E-mail address: (to be used for future annual report	notification)		
For further information	concerning this matter, please	call:			
EL	VIRA F CRUZ	at (407) Area Code & Da	797-7760		
Name	of Person	Area Code & Da	ytime 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 enclo	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
B/I A T	LINC ADDDESS.	STDEET/COL	UDIED ANNDESS.		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

11 JUN -8 AM # 29

AZULES	S INVESTMENTS,	LLC	
ne of the Limited Liability (A Florida L	Company as it now appea imited Liability Company)	rs on our records.)	
or this Limited Liability Co	ompany were filed on	4/28/2011	and assigned
L11000036526			
o amend the following:			
the new name of the limi	ted liability company he	<u>re:</u>	
shable and end with the wor	ds "Limited Liability Comp	any," the designation "	LLC" or the abbreviation
ddress, if applicable:			
T BE A STREET ADDR	ESS)		
			·····
• •			
<u>POST OFFICE BOX)</u>			
			
red agent and/or regist	ered office address on	our records enter :	the name of the nev
		our records, <u>enter</u>	the name of the ne
ered Agent:			
oo Address			
	En	iter Florida street ada	lress
*		Florida	
	City	, riorida	Zip Code
	ne of the Limited Liability (A Florida Lor this Limited Liability C L11000036526 o amend the following: the new name of the limited shable and end with the worlddress, if applicable: TET BE A STREET ADDR f applicable: POST OFFICE BOX) red agent and/or register we registered office address.	ne of the Limited Liability Company as it now appear (A Florida Limited Liability Company) or this Limited Liability Company were filed on L11000036526 o amend the following: the new name of the limited liability company here shable and end with the words "Limited Liability Comp ddress, if applicable: ST BE A STREET ADDRESS) f applicable: POST OFFICE BOX) red agent and/or registered office address on ew registered office address here: ered Agent: ered Agent: de Address: Extremely a street and the limited Liability Company here.	o amend the following: the new name of the limited liability company here: shable and end with the words "Limited Liability Company," the designation " ddress, if applicable: ST BE A STREET ADDRESS) f applicable: POST OFFICE BOX) red agent and/or registered office address on our records, enter ew registered office address here: ered Agent: the Address: Enter Florida street address Florida

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:

	= Manager A = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
_			Add Remove
			Add Remove
			Add Remove
_			Add Remove
D. Ifa		ge(s) here: (Attach additional sheets, if necessary.)	
	ARTICLE III: The purpose for which General Landscaping work, labor an General maintenance, repairs and la LLC partners	nd projects, design and maintenance	SECRETAR) JIVISION OF C 11 JUN -8
Dated _	Any and all Lawful Business.	132.	AH 194 29
	E	r or authorized representative of a member LVIRA F CRUZ Tor printed name of signee	

Page 2 of 2

Filing Fee: \$25.00