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TO ACKNOWLEDGE FILMS

TE MAY 20 PM I.S

COVER LETTER

Division of Cor		•	
SUBJECT:	AZDA	لرر	··.
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	·
	Adrian	Middleth Name of Person	
		etan 3 Middle Firm/Company	et D.A
	227	E. 6th Au Address	<u>~</u>
	Talla	hasse I	L 32203
	E-mail address	City/State and Zip Code Middle Line are be used for future annual report no	-C 32203
For further information of	oncorre u _g this matter, please ca	all:	
Advice Notice	Modeleten	at (150) 728 Area Code Daytin	ne Telephone Justice
Enclosed is a check for the	ne following amount:	· .	
525.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,

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

Certified Copy (additional copy is enclosed)

STREET/COURIER ADDRESS: Registration Section Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A Z D	D, LLC
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number 4600935	Company were filed on 8/15/11 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and contain the words "Lim	ited 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 ADD)	RESS)
Enter new mailing address, if applicable:	
(Muiling address MAY BE A POST OFFICE BOX)	
•	
B. His accepting the registered agent and/or registered agent and/or the new registered office add	stered office address on war vecords, enter the name of the new tress here:
Ligine of New Registered Agent:	
New Registered Office Address:	507.
	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 = A	uthorized Member				
<u>Title</u>	Name	<u>A</u>	Address	Type of Actio	<u>n</u>
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an effe	ective date is lis	sted, the date i	mist be specif	ic and can	not be prior to	date of filin	g or more tha	n 90 days a	fter filing.) Pursuant to	605:020	07 (
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