

L120000597-63

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000220143 3))



H170002201433ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : BOND, SCHOENECK & KING, PLLC
Account Number : I20010000122
Phone : (239) 659-3800
Fax Number : (239) 659-3812

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: lenzaiser@azimuthtec.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AZIMUTH TECHNOLOGY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

17 AUG 18 AM 11:49
STATE OF FLORIDA
DIVISION OF CORPORATIONS

2017 AUG 18 AM 11:17
STATE OF FLORIDA
DIVISION OF CORPORATIONS

Electronic Filing Menu Corporate Filing Menu Help

AUG 21 2017
Y SULKER

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Azimuth Technology, LLC

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

The Articles of Organization for this Limited Liability Company were filed on May 2, 2012 and assigned Florida document number L12000059763

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Market Holdings Naples, LLC

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____

City

Zip Code

17 AUG 18
AM 11:49
ECL
SECRETARY OF STATE
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 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

