## 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.

(((H13000074094 3)))



Note: DO NOT hit the REFRESH/REILOAD 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 : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I2000000019 : (3|05)552-5973 Fax Number : (305)220-1440

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

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SARA A. CUELLAR, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

APR - 3 2013

T. HAMPTON

RECEIVED

## H18000074094

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	SARA A, CUELLAR, LLC		
	(Name of the Limited Link	lity Company as It now appears on our records.) in Limited Liability Company)	4*.
	(A Floir	a zame Capitity Company)	
The A	rticles of Organization for this Limited Liabili	y Company were filed on 12/12/2012 and assi	ed.
Florid	a document number L12000155274	PR PR	SICR CR
			OF A
This a	mendment is submitted to amend the following		양주
			꿈유다
A. If	amending name, <u>enter the new name of the</u>	imited liability company here:	RAZ AZ
	INVESTMENTS LLC.	ω	
		words "Limited Liability Company," the designation "LLC" or the a	obr <del>é</del> Viation
"LLC			
Enter	new principal offices address, if applicable:		
Princ	ipal office address MUST BE A STREET AD	DRESS)	
			<u> </u>
Enter	new mailing address, if applicable:		
	ng address MAY BE A POST OFFICE BOX		
1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3		
	,		
B. I	amending the registered agent and/or re-	istered office address on our records, enter the name of	the new
	red agent and/or the new registered office a		
		·	
	Name of New Registered Agent:		
	New Registered Office Address:		
	AGE ACTION OF THE PARTY OF THE ACTION OF THE	Enter Florida street address .	
		. Florida	
		City Zip Code	<del></del>
Mare E	egistered Agent's Signature, if changing Registe	1	
TICH I	SERVICE A SIZUATOR OF CHARLES AND		
Ihere	by accept the appointment as registered age	at and agree to act in this capacity. I further agree to complete	with
the pr	ovisions of all statutes relative to the proper	and complete performance of my duties, and I am familiar agent as provided for in Chapter 608, F.S. Or, if this docu	rent is
being	filed to merely reflect a change in the regist	tred office address, I hereby confirm that the limited liabilit	r Y
comp	any has been notified in writing of this chang	<b>ş</b> e.	·
		If Changing Registered Agent, Signature of New Registered Agent	

Page 1 of 3

**413010**07100

MGR = M MGRM =	anager Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			Add
			Remove
7,11.2			Remove
			SECRE DIVISION 13 APR
			Z FAR
			Remove
			arie Arions 3: 39
			Add
			Add
			Remove

Dated April 1 2023

Signature of a member or authorized representative of a member SARA A. CUELLAR

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

13 APR -2 AM 7: 39

H13000074094