## L13000/67023

(Req	uestor's Name)	
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SECRETARY OF STATE
AND A HASSEE, FLORIDA

THE TONE

## **COVER LETTER**

TO: Registration Se Division of Cor		•	
SUBJECT: AZ1:	z Investments, L	LC	
	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	John Milita		
		Name of Person	
	Aziz Invest	ments, LLC	
		Firm/Company	<del> </del>
	8801 Biscay	ne BLvd., Ste. 101	<u> </u>
		Address	
	Miami, FL	33138	
		City/State and Zip Code	
		w@gmail.com to be used for future annual report notif	(
For further information o	concerning this matter, please c	·	iciation)
John Milit	Cana	at ( 305 ) 758-66 Area Code Daytime	91 Telephone Number
	. ,	Day, in a	Topicin Namo
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	S30.00 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.D. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Aziz Investments,	LLC	
(Name of the Limited Liability Company (A Floride Limited Lia	r as it now appears on our records.) ibility Company)	
The Articles of Organization for this Limited Liability Company w	vere filed on 12/2/13	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new pame of the limited liability	ity company here:	
The new name must be distinguishable and cantain the words "Limited Liability	y Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	8801 Biscayne B	lvd., Ste. 101
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 3313	<u> </u>
Enter new mailing address, if applicable:	Same as above	
(Mailing address MAY BE A POST OFFICE BOX)		···
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here:	· -	inter the name of the new
Name of New Registered Agent:	····	
New Registered Office Address:	<u> </u>	
	Enter Florida street address	
	, Flori	da
	Chy	4IP COME

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 provisians 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 far 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

Page 1 of 3

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SECRETARY OF STATE

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 = M AMBR = A	lanager uthorized Member .	,	
<u>Title</u>	Name	Address	Type of Action
			☐ Add
			Remove
			Change
			Remove
			Change
		****	Remove
		-	Change
	3		
			C Remove
			Change
			DAdd
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			D Remove
	•		Change

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cument's effective	date on the Department of State	's records.	,	
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	Signature of a men	iber or auditorified represe	intative of a member	

Page 3 of 3

Filing Fee: \$25.00

FILED 15 JUL-6 PH 2: 27 SECRETARY OF STATE A SECRETARY SEE, FLORIDA