

L14 0000 25621

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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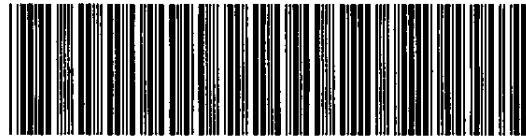
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/30/14 OCT 20 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AZUL GROUP LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ARMANDO DESIRELLO

Name of Person

Firm/Company

PO BOX 1034

Address

ARCHER FL 32618

City/State and Zip Code

topflorainc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARMANDO DESIRELLO

Name of Person

352 4957340

Area Code

Daytime 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 enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

AZUL GROUP 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 FEBRUARY 12, 2014 and assigned Florida document number L14000025021.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with 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

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR= Manager.

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CLAUDIO REYES	17310 SW 95 AVE ARCHER FL 32618	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	VIVIANA FIOCCA	17310 SW 95 AVE ARCHER FL 32618	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	EMILIANO REYES	17310 SW 95 AVE ARCHER FL 32618	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	EZEQUIEL REYES	17310 SW 95 AVE ARCHER FL 32618	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	XIMENA REYES	17310 SW 95 AVE ARCHER FL 32618	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	ARMANDO DESIRELLO	17310 SW 95 AVE ARCHER FL 32618	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

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TALLAHASSEE FLORIDA

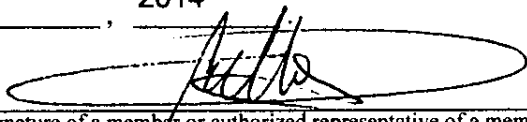
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

PLEASE ADD FEIN NUMBER FOR AZUL GROUP LLC: 30-0809682

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific; cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated OCTOBER 28, 2014


Signature of a member or authorized representative of a member

ARMANDO DESIRELLO

Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA