

L14 0000 66819

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

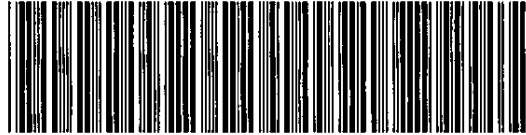
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600273035976

06/03/15--01010--007 \*\*25.00

FILED

2015 JUN -3 PM 2:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 04 2015

Y SULKER

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

AZ GREEN 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 4-21-2014 and assigned  
Florida document number L14000066819.

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 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

FILED  
2013 JUN -3 PM 2:00  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**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 = Authorized Member

| <u>Title</u> | <u>Name</u>       | <u>Address</u>           | <u>Type of Action</u>                      |
|--------------|-------------------|--------------------------|--|
| AMBR         | ALLYSON MARQUEZ   | 29757 69TH ST N          | <input type="checkbox"/> Add               |
|              |                   | CLEARWATER FL 33761      | <input type="checkbox"/> Remove            |
|              |                   |                          | <input checked="" type="checkbox"/> Change |
| AMBR         | ZACHARY J. CHAVEZ | 1629 EAST GROVE LEAF AVE | <input type="checkbox"/> Add               |
|              |                   | PALM HARBOR FL 34683     | <input type="checkbox"/> Remove            |
|              |                   |                          | <input checked="" type="checkbox"/> Change |
| AMBR         | JORGE CHAVEZ      | 2737 COUNTRYSIDE BLVD    | <input type="checkbox"/> Add               |
|              |                   | APT# 102                 | <input checked="" type="checkbox"/> Remove |
|              |                   | CLEARWATER FL 33761      | <input type="checkbox"/> Change            |
|              |                   |                          | <input type="checkbox"/> Add               |
|              |                   |                          | <input type="checkbox"/> Remove            |
|              |                   |                          | <input type="checkbox"/> Change            |
|              |                   |                          | <input type="checkbox"/> Add               |
|              |                   |                          | <input type="checkbox"/> Remove            |
|              |                   |                          | <input type="checkbox"/> Change            |

2015 JUN -3 PM 00  
TALLAHASSEE, FL

FILED

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

This image shows a single page from a notebook or ledger. It features approximately 20 evenly spaced horizontal blue ruling lines across its entire width. The paper has a slightly off-white or cream color. There are no margins, text, or other markings present on the page.

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated May 11, 2015

Alcyon Marquez  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Allyson Marquez

Typed or printed name of signee

FILED  
2011 JUN -3 PM 2:00  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA