Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AMZ INSURANCE & WEALTH MANAGEMENT LLC

Certificate of Status	0
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Pag e Count	04
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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMZ INSURANCE & WEALTH MANAGEME		
(Name of the Limited Liability C (A Floride Lin	ompany as it now appears on our reconsted Liability Company)	rds,)
The Articles of Organization for this Limited Liability Comp	pany were filed on 10/13/2014	and assigned
Florida document number L14000159966		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
AMZ INSURANCE LLÇ		
he new name must be distinguishable and contain the words "Limited."	Liabitity Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES.	<u>s</u>	
		<u></u>
	•	AUG
Inter new mailing address, if applicable:		3,3,4 I (2000)
Mailing address MAY BE A POST OFFICE BOX)		CO CO
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3. If amending the registered agent and/or registere	d office address on our record	ສັ≱ ພ ds. enter the nether of the
egistered agent and/or the new registered office address	here:	2000
Name of New Registered Agent.		
New Registered Office Address:		
	Enter Florida street addre	es.
	F	lorida
	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 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>	Name	Address	Type of Action
MGR	EDWARD SEAN CONDE	4600 SW 67th AVE	
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		MIAMI, FL 33155	☐ Change
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ffective date, if other than the date an effective date is listed, the date must be lote: If the date inserted in this block ocument's effective date on the Departure date of adoption: June 02, 20	does not meet the application of State's records.	to date of filing or mo able statutory filing	re than 90 days afte	ional) rüling.) I is date w	Pursuant fill not l	: to 603.020 be listed a
e record specifies a delayed ef		t an effective ti	me, at 12:01	a.m. o	n the	earlier o
The 90th day after the record						
, JUNE 02	2015					
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	nature of a member or autho					

Page 3 of 3

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