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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PANELL LAW GROUP, LLC

Account Number : 120130000088 Phone : (305)513-8606 Fax Number : (305)513-8605

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AZENDA PROPERTIES LLC

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TO:

COVER LETTER

Registration Section Division of Corporations (((H15000170840 3)))

SUBJECT:

AZENDA PROPERTIES 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:

ELI PANELL, ESQ., CPA, CFP(r), LL.M.

Name of Person

PANELL LAW GROUP, LLC

8750 NW 36 STREET, SUITE 425

DORAL, FL 33178

City/State and Zip Code

ELI@PANELL-LAW.COM

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

For further information concerning this matter, please call:

ELI PANELL, ESQ., CPA, CFP(r), LL.M. at 305

Name of Person

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 (additional copy is enclosed)

MAILING ADDRESS:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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850-617-6381

7/15/2015 8:54:43 AM PAGE 1/001 Fax Server

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July 15, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PANELL LAW GROUP LLC

SUBJECT: AZENDA PROPERTIES LLC

REF: L14000177303

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan Regulatory Specialist II FAX Aud. #: H15000170840 Letter Number: 015A00014771

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15 JUL 17 AM 9: 42
SECRETARI OF STATE

P.O BOX 6327 - Tallahassee, Florida 32314

(((H15000170840 3)))

ARTICLES OF AMENDMENT 2015 JUL 17 AM 8: 22

(((H15000170840 3))) TO SECRETARY OF STATE ARTICLES OF ORGANIZATIONALL AHASSEE, FLURIDA

AZENDA PROPERTIES, 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 NOVEMBER 14, 2014 and assigned Florida document numberL14000177303
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 Floridastrest address
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.

Page 1 of 3

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager

AMBR = Authorized Member

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:

(((H15000170840 3)))

<u>Title</u>	Name	Address	Type of Action
AMBR	CRENSAL TRADING SA	8750 NW 36TH STREET, SUITE 42	5 □ Add
		DORAL, FL 33178	= Remove
MGR_	AIDA Y. PERTSCH	8750 NW 36 STREET	■ Add
		SUITE 425	CRemove
		DORAL, FL 33178	
			Add
			☐ Remove
			_
			□ Add
			Remove
			_
			🗖 Add
			C Remove
			🗆 Add
			□ Remove

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D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
1	
E. Effectiv	e date, if other than the date of filing:
(The effect the date t	e date, if other than the date of filing: (optional) ive date inust be specific, cannot be prior to date of receipt or filed date and caunot be more than 90 days after, his document is filed by the Florida Department of State)
Dated	
	Signature of a member or authorized representative of a member
	ELI PANELL, ESQ., CPA, CFP(r), LL.M., ATTORNEY IN FACT FOR AZENDA PROPERTIES, LLC
	Typed or owinted name of signer

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Filing Fee: \$25.00

FILED SECRETARY OF STATE

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