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2016 DEC - 8 PM 5: 16

K. SALY DEC - 9 2016

COVER LETTER

TO:	Registration Section Division of Corpor			
SUBJ	ЕСТ:	AZALI Name of Limi	EA 215 LLC ted Liability Company	
The er	nclosed Articles of Ame	endment and fee(s) are subr	nitted for filing.	
Please	return all corresponde	nce concerning this matter t	o the following:	
		EDMUN	Name of Person	ER
			Firm/Company	
		256 3	Bougainville	a St.
	-	Tavernie	v FL 3307 · City/State and Zip Code	6
	_	E-mail address: (to	City/State and Zip Code City/State and Zip Code Code	cation)
For fu	rther information conce	erning this matter, please ca	11:	
	Christine Name of Per	Schuler	at (305) 505 Area Code Daytime	6099 Telephone Number
	sed is a check for the fo	ollowing amount: [2]\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

K. Li

ARTIC	LLES OF ORGANIZ	ATION	・ルだん
•	OF		2016.00
(Name of the Limited	Liability Company as it now app Florida Limited Liability Compan	mars on our records.)	2016 DEC - 8 PM 5: SECRETARY OF STATE ALLAHASSEE, FLORID. 2015 and assigned
The Articles of Organization for this Limited Liab		01/27/2	2015 and assigned
Florida document number L 15 0000 15	<u> </u>	ί	
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company	here:	
	1/9		
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," th	ne designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:		
(Principal office address MUST BE A STREET	ADDRESS)	<u>u/q</u>	<u></u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Be) B. If amending the registered agent and/or registered agent and/or the new registered office	r registered office address	on our records, ente	r the name of the new
Name of New Registered Agent:	Edmund	W SCHUL	.ER
New Registered Office Address:	256 Boy Enter 1	egainvillea Florda street address	St.
	Lavernie	, Florida	33070 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 = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	Edmund W SCHULE	R	ÆAdd
		LLC	ERemove
		256 Bougainvillea St.	
			ŒAdd
		····	Remove
			THE THE THE
			Chambot J PH 5: 17
		·	ECHARGE 7
			⊞ Add
			II Remove
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ective date, if other that the effective date is listed, the date: If the date inserted in cument's effective date on	this block does not meet	t the applicable statutor	(opting or more than 90 days after the filing requirements, the	i onal) r filing.) Pursuant to 605.0207 (i is date will not be listed as tl
record specifies a de he 90th day after th		e, but not an effec	tive time, at 12:01	a.m. on the earlier of:
ted <u>Dec Zu</u>	> ()	2016. Illly		
	Signature of a men	nber or authorized represe		
	EDMUN	11 IN S	CHULER	

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Filing Fee: \$25.00