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(Re	equestor's Name)	
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SECRETARY OF STATE
TALLAMASSEE, FLORID

COVER LETTER

TO: Registration Sec Division of Corp	ction porations	•	3.
AZUL & OI	RO, LLC	·	
		ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	RUTH FRANCHINI		
		Name of Person Firm/Company	
	999 BRICKELL BAY DR		
		Address	**************************************
	MIAMI, FLORIDA 33131		
た 、 前 (1) (1)	ruthfranchini@hotmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notific	cation)
For further information co	oncerning this matter, please ca	ail:	
SEBASTIAN SIMMS		786 285 6672 at ()	
Name of	f Person	Area Code Daytime	Telephone Number
. Enclosed is a check for the	ne 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2015 DEC -7 PH 1: 41

-10 . A . W.

AZUL & ORO, LLC

SECRETARY OF STATE

TALL MIASSEE, FLORIDA

(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 $\frac{04/28/2015}{1}$ and assigned Florida document number _L15000074932 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) 999 BRICKELL BAY DR. #1604 Enter new mailing address, if applicable: MIAMI, FL 33131 (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: RUTH FRANCHINI Name of New Registered Agent: 999 BRICKELL BAY DR. #1604 New Registered Office Address: Enter Florida street address , Florida 33131
Zip Code MIAMI City

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

Page 1 of 3

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>	Type of Action
MGR	RUTH FRANCHINI	999 BRICKELL BAY DR.	□ Add
		#1604 MIAMI, FL 33131	Remove
			■ Change
			Add
			■ Remove
		***	Change
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an effective	ate, if other than the da	specific and cannot b	e prior to date of fili	ng or more than 90 day	(optional) 's after filing.) Pursuant to	605.0207 (3)
	e date inserted in this block effective date on the Depa			y ming requiremen	is, this date will not be	nsted as the
	specifies a delayed e h day after the record		ut not an effec	tive time, at 12	:01 a.m. on the ea	arlier of:
ated	11-25-26		A			
	al.	1 hu	1	entative of a member		

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Filing Fee: \$25.00