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| (Re | equestor's Name) | |
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| (Ac | ldress) | |
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| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
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| Certified Copies | Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE

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COVER LETTER

| Division of Cor | porations | | |
|----------------------------|---|---|---|
| CUDIECT. | 87. AZ 1 LL | C | |
| SUBJECT: | BZAZI LL Name of Lim | ited Liability Company | |
| , | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | | | |
| | ST6 | Name of Person | |
| | | Name of Person | |
| | | | |
| | | Firm/Company | |
| | 9200 S. Du | Leland Blud, | Suite 800 |
| | | Address | |
| | Mian | 41, FL 33156 | • |
| | | City/State and Zip Code | - |
| | STe | City/State and Zip Code See 1 PC 00 P to be used for future annual report notif | (continue) |
| | | | (Catton) |
| For further information c | oncerning this matter, please ca | all: | |
| 5-4. | ~ D. C. | ar (305) 507- | .5664 |
| Name o | f Person | at (395) 582- Area Code Daytime | Telephone Number |
| | | | |
| Enclosed is a check for th | 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) |

TO:

Registration Section

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



(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 May 26, 2015 and assigned Florida document number 11500091939.

This amendment is submitted to amend the following:

| | 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 ADDRES) | 13/25 N. Montana Dr |
| Enter new mailing address, if applicable: | 13125 N. Montana Dr |
| (Mailing address MAY BE A POST OFFICE BOX) | 5 mire 2-N FOUNTAIN HILLS, AZ 85268 |
| | |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address | ed office address on our records, enter the name of the new s here: |
| | |
| registered agent and/or the new registered office address | s here: |
| registered agent and/or the new registered office address Name of New Registered Agent: | |

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

| Title Name Address Type of Act Mgy Marry Hogan 1709 Tullamore Ave Add 1704 Suite A Blooming ton, I A Remove Change Mgynv B2 P122a LLC 13125 N. La Montana Dy Add Swite Z-N S2266 For wrain Hills, AZ Remove Change Add Remove Add Remove | MGR = Ma AMBR = Au | nager thorized Member | | |
|--|-----------------------|--------------------------|---|--|
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