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(Re	equestor's Name)	18.3 (8.1)		
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Certified Copies	_ Certificate:	s of Status		
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SECRETARY OF STATE

THE LYNEE
TO HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: AZUE Realty UC 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:							
Manuel Aleixo							
AZULE REALTY UC Firm/Company							
1421 Ourbrocke Loop Address							
City/State and Zip Code My Dia O GMAIL Com E-fuail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Marie of Person at (732) 259 - 8266 Name of Person at (732) Daytime Telephone Number							
Enclosed is a check for the following amount:							
\$25.00 Filing Fee \(\text{Certificate of Status} \) \(\text{S55.00 Filing Fee & Certificate of Status} \) \(\text{Certified Copy (additional copy is enclosed)} \) \(\text{Certified Copy (additional copy is enclosed)} \)							

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

TO ARTICLES OF ORGANIZATION **OF**

H2U	il Ju	REAL	YT	-LC		
(<u>Name of the Limited</u> (A	Liability Compar Florida Limited L	ny as it now a Liability Comp	ppears on our I	records.)		
The Articles of Organization for this Limited Liab	oility Company	were filed o	on <u>7-6</u>	- 2015	and ass	igned
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of the	he limited liabi	ility compa	ny here:	ï.	15 15 .	
The new name must be distinguishable and contain the wor	ds "Limited Liabil	lity Company,	" the designation	"LLC" or the a	bhreviation "L	L.E.
Enter new principal offices address, if applicab	de:					(particular)
Principal office address MUST BE A STREET	<u>ADDRESS)</u>				PH 12: 43	
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BO	<u>OX)</u>				<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	_		ss on our re	cords, <u>enter</u>	the name	of the new
Name of New Registered Agent:	MAN	uel 1	Aleixo	2		
New Registered Office Address:	1911	Dunbe	er Florida street	Loop		
	LONGL	√00∫) City		_, Florida _	Zip Code	<u> </u>
New Registered Agent's Signature, if changing Re	gistered Agent:	<u>.</u>				

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

or removed from our records:

MGR = Manager AMBR = Authorized Member Address **Type of Action** Title Name 1421 DUNBROKE LOOP □ Add LONGROOD FL 32779 Remove ☐ Change Manuel Aleixo MGR 1431 OUNGrookE LOOP Add LONG WOOD FL 32779 □ Remove ☐ Change □ Add ☐ Remove Change Remove ☐ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove

☐ Change

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E. Effec	tive date, if other than the date of filing: $8 - 10 - 2015$ (o	ptional)
(If an e Note:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days. If the date inserted in this block does not meet the applicable statutory filing requirements,	this date will not be listed as the
	nent's effective date on the Department of State's records.	
	cord specifies a delayed effective date, but not an effective time, at 12:0	1 a.m. on the earlier of:
(b) The	e 90th day after the record is filed.	
	8 12 2-10	
Dated	8-12-2015	TALL 15
		THE STATE OF THE S
	Signature of a member or authorized representative of a member	
	^	(/)
	MANUEL Aleixo	110 70
	Typed or printed name of signee	TATE ORID
		Dm G

Page 3 of 3

Filing Fee: \$25.00