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(Re	questor's Name)	
· (Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
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SECRETARY OF STATE TALLAHASSEE, FLORIDJ

2015 AUG 25 P 12: 36

Mr. 2.6 2015

COVER LETTER

TO:	Registration Sec Division of Cor			
	AZ AND	LR PROPERTY, LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	·
The e	nclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please	e return all correspo	ndence concerning this matter	to the following:	
		MARSHA SIHA		
			Name of Person	
		INCFILE.COM LLC		
			Firm/Company	
		134 VINTAGE PAR	K BLVD A-50	
			Address	
		HOUSTON TX 7707	70	2015 TALL
		MARSHA@INCFILE		AUG 2 RETAL AHAS
			to be used for future annual report notif	
For fu	irther information co	oncerning this matter, please co	all:	X 701 X 701
MAF	RSHA SIHA		888 462-3453 at ()	X 701 PER 19
	Name o	f Person	Area Code Daytime	Telephone Number
Enclo	sed 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)

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

AZ AND LR PROPERTY, LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our rec ited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Comp. L15000134102 Florida document number	pany were filed on	and assigned
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 registere	3847 B JOHNSON S HIGH POINT, NC 27	265 EF, LOADE
registered agent and/or the new registered office address	here:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	'dress
		. Florida
	City	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 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:

<u> </u>	<u>Name</u>	Address		Type of Action
				□ Add
				Remove
			146-1	Add
				Remove
				Add
				🗆 Remove
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			UG 25 ETARY HASSEI	
			SECRETARY OF STATE TALLAHASSEE, FLORIDA	□ Romove
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Effective date The effective date the date this does	e, if other than the date of filing: (optional) e must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after support is filed by the Florida Department of State)
the date this do	nument is filed by the Florida Department of State)
the date this dod	e, if other than the date of filing: e must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after tument is filed by the Florida Department of State) UST 18 2015
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Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE