## L15000203319

(Re	questor's Name)	
(Ad	dress)	
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(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
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PICK-UP	WAIT	MAIL
<b>L</b>	_	_
(Bu	siness Entity Nam	ne)
(Dc	cument Number)	
(	,	
Certified Copies	_ Certificates	of Status
Chariel Instructions to	Elling Officer	
Special Instructions to	rning Onicer:	

Office Use Only



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:1/22/20

## **COVER LETTER**

	ision of Corpo				
SUBJECT:	Fazi LLC			•	
SUBJECT.		Name of Limit	ted Liability Company		
The enclosed	d Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please return	all correspond	dence concerning this matter t	o the following:		
		Delise Bowen			
		112.13.73.1	Name of Person		<del> </del>
		Fazi LLC			
			Firm/Company	<del></del>	
		22207 Bella Lago Dr. #141.	5		
			Address		
		Boca Raton, FL. 33433			
		1. db 0.6 @	City/State and Zip Code		
		kdbowen95@gmail.com E-mail address: (to	o be used for future annual	report notification)	<del></del>
For further is	nformation con	cerning this matter, please ca		,	
Delise Bowe	n		954 93	34-4208	
-	Name of P	erson	at () Area Code	Daytime Telepho	one Number
Enclosed is a	check for the	following amount:			
₹ <b>2</b> 5.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is end		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

razi LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records. ted Liability Company)	)
he Articles of Organization for this Limited Liability Complorida document number L15000203319	any were filed on 12/09/2015	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited l	liability company here:	
he new name must be distinguishable and contain the words "Limited L	iability 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	2	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		02) 156
		73. 77.
. If amending the registered agent and/or registered office and/or the new registered office address here:	ce address on our records, <u>enter th</u>	e name of the new registe
ent and of the new registered office address here:		
Nama of Nam Basimond A		2 至 3
Name of New Registered Agent:		
New Registered Office Address:		-1 0
	Enter Florida street address	
	, Flori	
	City	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

tall to

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
VOM	Kenneth Bowen	22207 Bella Lago Dr. #1415, Boca Raton, FL. 33433	} □ Add
			•Remove
			□Change
<del></del> -			□Add
			_ □Remove
			_ Change
<del></del>			□Add
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Effective date, if other than the date of filing:  [(optional)]  fan effective date, if other than the date of filing:  [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.  [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.  [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.  [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.  [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.  [If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.  [If the date inserted in this block does not meet the applicable statutory filing requirements. This date will not be list document's effective date on the Department of State's records.			· <del>-</del> ·		····			
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Filing Fee: \$25.00