L16000 III 038

	(Requestor's Name)
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JAN 0 8 2020 S. YOUNG

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co			
AZM CON	NSULTING, L.L.C		
Sourcer.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Cheryl L. Shaw		
		Name of Person	
	Kalander & Shaw, Ltd.		
		Firm/Company	
	14 Imperial Place, Unit 20	I	
	<u> </u>	Address	
	Providence, RI 02903		
		City/State and Zip Code	
	cheryl@cshawlaw.com		
For further information of	ti-mail address: (concerning this matter, please ca	to be used for future annual report noti all;	fication)
Catina Griffiths		401 273-2210	
Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		<u>Street Address:</u> Registration Sec	ction
Division of Corporations		Division of Cor	
P.O. Box 6327		The Centre of T	`allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

19 080 -2 JH 84 K

AZM CONSULTING, L.L.C

(Name of the Limited Liability Company as it now appears on our records.)

(A) Filling (Eminied Elability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L16000111038</u>	empany were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "Limit-	ed 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 ADDRI	ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new register
Name of New Registered Agent:	·
New Registered Office Address:	Enter Florida street address
	, 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 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	David J. Martirano, Trustee	David J. Martirano Descendant's Trust	= Add
		c/o: 15 Humboldt Avenue, Providence, R.I. 02906	□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			Change
			🗆 Add
			🗆 Remove
			□ Change
			🗆 Add
			□Remove
			Change

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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an eff Note:	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	November 22 , 2019.
	Signature of a member or authorized representative of a member
	David J. Mart, cano Trustee Typed or printed name of signee

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Filing Fee: \$25.00