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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
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(Bu	siness Entity Nar	me)
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S. YOUNG

COVER LETTER

TO;	Registration Sec Division of Corp		,	
	A-Z Educa	tional Consulting, LLC	.	
SUBJE	CT:		۵۰	
		Name of Lim	ited Liability Company	
The enc	losed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
			Eyleen Ortiz	
			Name of Person	
		A-Z	Education Consulting, LLC	
		-	Firm/Company	
			1322 SW 92nd Ct.	
			Address	
			Miami, FL 33174	
			City/State and Zip Code etiz7583@aol.com	
		E-mail address: (to be used for future annual report not	ification)
For furt	her information co	oncerning this matter, please c	all:	
1	Eylein Name of	Ortiz	at (<u>\$45</u>) <u>2 \$2 - 6</u> Area Code Daytin	1610
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclose	ed is a check for th	e following amount:		
□ \$25	5,00 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		Street Address:	
	Registration S		Registration Se	
	Division of Co P.O. Box 632		Division of Co The Centre of	
	Tallahassee, F			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	A-Z Educational Consulting, LL		
(Name of the Limi	ted Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.) ny)	1 G 1
The Articles of Organization for this Limited L Florida document number $\frac{1.16000217425}{1.000000000000000000000000000000000000$	iability Company were filed or	11/30/2016	and assigned
his amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability compan	y here:	
Azul Educational, LLC			
he new name must be distinguishable and contain the v	vords "Limited Liability Company."	the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applic	eable: N/A		
Principal office address MUST BE A STREE	ET ADDRESS)		
Inter new mailing address, if applicable:	N/A		
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
3. If amending the registered agent and/or agent and/or the new registered office addre		ur records, enter the I	name of the new registe
Name of New Registered Agent:	N/A		
New Registered Office Address:			
	Enter	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>	Address	Type of Action
			□Add
			□Remove
			Change
			□Remove
			☐ Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
		□Change	
			□Add
			□Remove
			□Change

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). If amer	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
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_	
_	
_	
	
	
_	
_	
	12/18/19
Note: 1	tive date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
Dated _	12/18/19 July
	Signature of a member or authorized representative of a member
	<u>Eyleen Ortiz</u>
	Teped or printed name of signee

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