117000080421

(Reque	estor's Name)	
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(City/S	tate/Zip/Phone	e #)
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SECRETARY OF SECRETARION DIVISION OF CORPORATION

N COOPER JUL 12 2018

COVER LETTER

CIELO AZ SUBJECT:	ZUL LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:		
	Maria Paula, LLOP			
		Name of Person		
	CIELO AZUL LLC			
	-	Firm/Company		
	1305 Majesty Terrace			
		Address		
	Weston, Florida 33327			
		City/State and Zip Code		
	administration.mpll@ciek	pazulusa.com to be used for future annual re		
r e a tre. T			port northearton)	
	concerning this matter, please c	au:		
Maria Paula Llop		at ()	Daytime Telephone Number	
Name o	of Person	Area Code	Daytime Telephone Number	
Enclosed is a check for t	he following amount:			
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclos	ed) Certified	te of Status &
MAIL	ING ADDRESS:	STREET/6	COURIER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our rec arbility Company)	<u>:ords.</u>)
The Articles of Organization for this Limited Liability Company Florida document number L17000080421	were filed on <u>04/10/2017</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "I	.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		0
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	-	2
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		ords, <u>enter the name of the new</u>
Name of New Registered Agent:	.	
New Registered Office Address:		
	Enter Florida street address	
	, Florida City Zip Code	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Marcelo A. Colella	1305 Majesty Terrace Weston, F	■ Add
			☐ Remove
			☐ Change
			☐ Remove
			Add
			☐ Remove
			☐ Change
			□ Remove
			☐ Change
			□ Remove
		-	☐ Change
		-	Remove
			Change

Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Persuant to 605.0207 (3)(h. Nute: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: b) The 90th day after the record is filed. Dated July 9					
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Dated July 9 2018			an effective time,	at 12:01 a.m. on th	e earlier of:
	Dated	2018	_ :		
ω_{f}			- 1 3		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00