Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

(((H18000260788 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : ARTURO YERO P.A. Account Number : I20150300125 Phone : /3051444-0884

Phone : (305)444-0884 Fax Number : (305)444-0786

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

ETHIL Address: arturdyeas agendary com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AZLA INVESTMENTS, L.L.C.

 Certificate of Status
 0

 Certified Copy
 0

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 04

 Estimated Charge
 \$25.00

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**EXAMINER** 

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Corporate Filing Menu

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H18000260788 3

AZLA INVESTMENTS, L.L.C	
(Name of the Limited Liability Compar (A Florida Limited L	ay as it now appears on our records.)
The Articles of Organization for this Limited Liability Company	were filed on May 19, 2017 and assigned
Fiorida document number L17000110469	——————————————————————————————————————
This amendment is submitted to amend the following:	•
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	S.L.C.
(Principal office address MUST BE A STREET ADDRESS)	F.
	· (-7
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	2.5
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	; £
registered agent and/or the new registered office address here:	ce address on our records, enter the name of the new
Name of New Revistered Agent:	
New Registered Office Address:	
	Enter Floridu street oddiess
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code

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

H180002607883

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

Title	Name ANDRES AZBUDUA (ABA	Address	Type of Action
MGR	ANDRES AZPURUA LARA	1221 Brickell Ave Ste 710	-
		Miami, FI 33131	
			Remove
MGR	CARLOS AZPURUA LARA	1221 Brickell Ave Ste 710	Change
		Min : Floring	
		Miami, Fi 33131	
			C Remove
			☐ Change
			D Add CD
			CO  ☐ Keinove
			D Change
			D Add
			□ Remove
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ective date, if other than the date of effective date is listed, the date must be species. If the date inserted in this block document's effective date on the Department.	f filing:  ific and cannot be prior to date our is not meet the applicable state  int of State's records.	(option of filing or more than 90 days after the filing requirements, this	onal) filing.) Pursuan date will not	to 605.0207 be listed as
record specifies a delayed effec he 90th day after the record is	tive date thut not an al	ffective time, at 12:01 a	.m. on the	earlier of:
September 6	2018	$\Lambda$		
		1//	•	
Signatur	e of a thember or authorized re-	resentative of a member	·	
Alberto Azpurua Lara	/ /	/		

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