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Florida Department of State
Division of Corporations
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((H18000281810 3))



H180002818103ABC\$

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To: Division of Corporations
Fax Number : (850) 617-6383

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AZZIRO LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
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T. CLINE
SEP 28 2018
EXAMINER

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FAX COVER SHEET

TO	
COMPANY	
FAX NUMBER	18506176383
FROM	Amanda Sando
DATE	9/27/2018 8:04:16 AM PDT
RE	((H18000281810 3))) AZZIRO LLC - LZ#528634552

COVER MESSAGE

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AZZIRO LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N. Brand Blvd., 11th Floor

Address

Glendale, CA 91203

City/State and Zip Code

bjorn@azziro.com

E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Cheyenne Moseley at (800) 773-0888 ext. 9724

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 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:
 Registration Section
 Division of Corporations
 P.O. Box 6327
 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
 Registration Section
 Division of Corporations
 Clifton Building
 2661 Executive Center Circle
 Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AZZIRO LLC

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

The Articles of Organization for this Limited Liability Company were filed on 09/18/2017 and assigned Florida document number L17000193255

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)

770 Claughton Island Dr Ste P118 Miami, Florida 33131

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)

770 Claughton Island Dr Ste P118 Miami, Florida 33131

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, Florida 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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AMBR	<u>Bjorn Heisterkamp</u>	<u>200 South Biscayne Boulevard, Suite 2790</u>	<input type="checkbox"/> Add
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		<u>Miami, Florida 33131</u>	<input checked="" type="checkbox"/> Remove
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AMBR	<u>Dafne Martinez</u>	<u>200 South Biscayne Boulevard, Suite 2790</u>	<input type="checkbox"/> Add
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		<u>Miami, Florida 33131</u>	<input checked="" type="checkbox"/> Remove
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AMBR	<u>Bjorn Heisterkamp</u>	<u>770 Cloughton Island Dr Ste PH8</u>	<input checked="" type="checkbox"/> Add
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		<u>Miami, Florida 33131</u>	<input type="checkbox"/> Remove
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AMBR	<u>Dafne Martinez</u>	<u>770 Cloughton Island Dr Ste PH8</u>	<input checked="" type="checkbox"/> Add
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		<u>Miami, Florida 33131</u>	<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated September 24th, 2018



 Signature of a member or authorized representative of a member
 Bjorn Heisterkamp

 Typed or printed name of signee

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