LITCUZCA1E9

	anatada Nama)	
97)	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	⇒ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
Special histractions to	r imig Onicer.	

Office Use Only



000313087290

05/11/18--01014--003 **30.00

TILTU

COVER LETTER

SUBJECT:	ZUL WINTER PARK LLC Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		
,	ANA ROSARIO	Ü	
		Name of Person	
	AMERICAN TAX & PAY		
		Firm/Company	_
	887 STATE ROAD 436		
		Address	
	CASSELBERRY, FL 3270	07	
		City/State and Zip Code CANTAXPAYROLL.COM	ification)
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report not all:	ification)
ANA ROSARIO		407 767-1647 at ()	2: T
Name o	of Person		ne 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 enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
MAII	ING ADDRESS:	STREET/COUR	IER ADDRESS:

Registration Section
Division of Corporations

TO:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AGAVE AZUL WINTER PARK LLC		
(Name of the Limited Liab (A Flor	bility Company as it now appears on our record rida Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Florida document number L17000209189	y Company were filed on 10/10/2017	and assigned
This amendment is submitted to amend the following:	 ·	
A. If amending name, enter the new name of the li		
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		77
B. If amending the registered agent and/or re	gistered office address on our record	ls, enter the name of the r
registered agent and/or the new registered office a	aaress nere:	D P 2: 1
Name of New Registered Agent:		<u>- </u>
New Registered Office Address:	Enter Florida street addre	nec
	emer r tortaa street daare	an a
_		lorida
	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	JUAN RIOS	5717 RUE GALILEE LANE	
		SANFORD, FL 32771	■ Remove
			□ Change
	·		
			Remove
			Change
.			
			Remove Change Add T
			Remove
			Change
			Add
			Remove
			☐ Change
			Add
			☐ Remove
			☐ Change

		<u> </u>				
	***** <u>-</u>					
			-			<u> </u>
	<u>.</u>					
	-	<u>.</u>				
-	10000000 <u></u>					
			<u> </u>		<u>.</u>	
					•	
						
	·······			T -	22	
				im .' 2≥	11 11	77
				£ ::		7
				- 194 - 127		177
anding data if other than the	data of films.		lam	= tional)	÷ □	
Tective date, if other than the neffective date is listed, the date must te: If the date inserted in this blocument's effective date on the Do	be specific and cannot be proceed the application.	or to date of filing or licable statutory fil	more than 90 days af	er filing.)	Purcuan	to 605.020 be listed a
record specifies a delayed The 90th day after the reco		not an effective	e time, at 12:01	a.m. (on the	earlier
ted MAY 9	2018					
	Signature of a member or au	The size of the si	ua afa mamb -			_
	Numeriuse of a manifer or all	inomzeti rentesentati	ve of a member			

Page 3 of 3

Filing Fee: \$25.00