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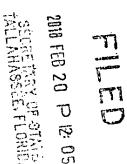
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:	Registration Se Division of Cor				
CLIDA		er Restaurant Advisors LLC			
SUBJ	EC1:	Name of Lim	ited Liability Company		
The er	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please	return all correspo	endence concerning this matter	to the following:		
		Beth Azor			
		-	Name of Person		
		Azor Brewer Restaurant A	dvisors LLC		
			Firm/Company *	<u>* </u>	
		4611 South University Dri	ve #110	•	
					
		Davie, FL 33328			
			City/State and Zip Code	Della Section	
		josee@azoradvisoryservice			AND THE REAL PROPERTY.
For fu	rther information c	E-mail address: (oncerning this matter, please co	to be used for future annual report notifica all:	Nion)	
Josee	Crosbie		954 615-0615 at ()	FLOOP	الرسا
	Name o	f Person	Area Code Daytime T	elephone Number 55. S	
Enclo	sed is a check for the	he following amount:			
= \$2	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

AZOR BREWER RESTAURANT ADVISORS LLC

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

	(A Florida Limited Lia	bility Company)		
The Articles of Organization for this Limited I Florida document number L18000022831	Liability Company w	ere filed on January 25	, 2018	_ and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liabili	ty company here:		
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designation	n "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)			
B. If amending the registered agent and registered agent and/or the new registered of			ecords, enter the	DO
Name of New Registered Agent:	Beth Azor		- Long -	
New Registered Office Address:	4611 South Unive	ersity Drive #110 Enter Florida stree	t address	<u></u>
	Davie		. Florida ³³³²	8
	-	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
MGR	Beth Azor	4611 South University Drive #110	= Add
	•	Davie, FL 33328	□ Remove
		· · · · · · · · · · · · · · · · · · ·	Change
MGR	Azor Advisory Services Inc.	4611 South University Drive #110	
		Davie, FL 33328	■ Remove
			Change
	 		□ Add
		 	Remove Change
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Tective date, if other than the can effective date is listed, the date must	late of filing: be specific and canno	t be prior to date	of filing or more t	op) nan 90 days at	tional)	-	المعني) to 605.020
ote: If the date inserted in this blo	ck does not meet th	ie applicable st	atutory filing rec	juirements, t	his date:	will not b	e listed a
ocument's effective date on the De	partment of State's	records.				് ഗി	
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record specifies a delayed The 90th day after the reco		but not an e	errective time	, at 12:0.	ı a.m.	on the	еатнег
ated February 17	201	8					
Beth	and -	·					
	Signature of a member	er or authorized r	epresentative of a	member			

Page 3 of 3

Filing Fee: \$25.00