## L18 0000 63262

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name)	
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
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2022 FEB 22 PH 4: 43
SECRETARY OF SOUTH

D. BRUCE MAR 0 2 2022

## **COVER LETTER**

TO:

Registration Section

Divi	sion of Cor	porations		•	
SUBJECT:	AGAVE A	ZUL LAKE NONA LLC			
SUBJECT:		Name of Lin	nited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing		
			_		
ricase return	an correspo	ondence concerning this matter	to the following:		
		ANA ROSARIO			
			Name of Person		
		AMERICAN TAX & PAY	ROLL SERVICES LLC		
			Firm/Company		
		887 STATE ROAD 436			
			Address		
		CASSELBERRY, FL 3270	07		
			City/State and Zip Code		292 53
		ana.rosario@americantaxpa	•	<del></del>	2021 FEB
For further in	formation c	e-man address: ( oncerning this matter, please c	to be used for future annual report noti all:	lication)	15 22 15 22
ana Rosai	NO.		407 767-1647		
	Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a	check for th	ne following amount:			
□ \$25.00 Fi	iling Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filin Certificate Certified C (additional co	of Status &
	ing Addres istration 5		<u>Street Address:</u> Registration Sec	ction	
Div	ision of C	orporations	Division of Cor	porations	
	. Box 632 ahassee, F		The Centre of T 2415 N. Monro	'allahassee e Street, Suite 810	)

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AGAVE AZUL LAKE NONA 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  $\frac{03/12/2018}{1}$ \_ and assigned Florida document number L18000063262 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: AGAVE AZUL DOCTOR PHILLIPS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: N/A (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: N/A New Registered Office Address: Enter Florida street address City 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	<del></del>	N/A	
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		<del> </del>	□ Change
			□ Remove
			□ Change
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	date, if other than the date of filing:		N/A		
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	JOEL RIOS		Signature of a member of authorized	representative of a member	

Filing Fee: \$25.00