

L18000068786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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2018 MAY 17 AM 8:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

AZV DESIGNS

(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 3/14/18 and assigned  
Florida document number LI 8000068786

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 contain 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)

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:

ADAM S. VINSON

New Registered Office Address:

Enter Florida street address

Florida

City

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2018 MAY 17 AM 8:30  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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.*

Adam S. Vinson

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>	<u>Type of Action</u>
MGR	ADAM STUART VINSON	3843 EXETER CT	<input checked="" type="checkbox"/> Add
		#105	<input type="checkbox"/> Remove
		PALM HARBOR, FL 34685	<input type="checkbox"/> Change
MGR	ALEXANDER PRESTON VINSON	3843 EXETER CT	<input type="checkbox"/> Add
		#105	<input checked="" type="checkbox"/> Remove
		PALM HARBOR FL 34685	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2018 MAY 17 AM 8:30  
CLINTON COUNTY STATE  
TALLAHASSEE, FLORIDA

2018 MAY 17 AM 8:30  
ALLAN MASSEE, FLORIDA  
FALL MASSEE, FLORIDA

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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 4/2/18 11 2018

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

ADAM S. VINSON

Typed or printed name of signee