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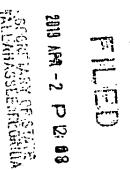
| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------------|
| (Ac | ldress) | |
| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phone | ; #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | isiness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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APR 1 2 2019 T. LEMIEUX

COVER LETTER

| ΓΟ: Registration : Division of Co | | | |
|--------------------------------------|---|---|---|
| | MANAGEMENT LLC | | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles o | of Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all corresp | pondence concerning this matter | to the following: | |
| | NILTON FREGNI | | |
| | | Name of Person | |
| | EXPAT CONSULTING C | ORP | |
| | | Firm/Company | |
| | 8615 COMMODITY CIRC | CLE, SUITE H | |
| | | Address | |
| | ORLANDO - FL - 32.819 | | |
| | ACC@EXPATCONSULTI | City/State and Zip Code NG.COM | |
| | E-mail address: (| to be used for future annual report notif | ication) |
| For further information | concerning this matter, please co | all: | |
| NILTON FREGNI | | 407 745.1112 at () | |
| Name | of Person | Area Code Daytime | : Telephone Number |
| Enclosed is a check for | the following amount: | | |
| \$25,00 Filling 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:

TO:

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**

FILED

AJZEN MANAGEMENT LLC

(Name of the Limited Liability Company as it now appears on our record 28 17 AFR - 2 P 12: 48

| The Articles of Organization Florida document number _ | | ompany were filed on | 05/03/2018 | TALLAHASSEMIFERNESA |
|--|---|---------------------------|-------------------|-----------------------------------|
| This amendment is submitte | ed to amend the following: | | | |
| A. If amending name, <u>ent</u> | er the new name of the limite | ed liability company | <u>/ here</u> : | |
| The new name must be distinguis | hable and contain the words "Limite | ed Liability Company," th | ne designation "I | LLC" or the abbreviation "L.L.C." |
| Enter new principal office | s address, if applicable: | | | -81 |
| (Principal office address M | UST BE A STREET ADDRE | ESS) | . <u> </u> | |
| | | <u></u> | - | |
| | | | | |
| Enter new mailing address | s. if applicable: | | | |
| (Mailing address MAY BE | A POST OFFICE BOX) | | | |
| | | | · | |
| | istered agent and/or registe e new registered office addre | | on our reco | ords, enter the name of the ne |
| Name of New Reg | istered Agent: | | | |
| New Registered O | office Address: | | | |
| New Registered O | Thee Addiess. | Enter | Florida street ad | ldress |
| | | | | , Florida |
| | | City | | , Florida Zip Code |
| New Registered Agent's Sign | nature, if changing Registered | Agent: | | |
| 11 1 | | | | 1.6 .1 . 1 |

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|----------------------|----------------------|----------------|
| AMBR | SALLE MANAGEMENT LLC | 35A REGENT STREET | - |
| | | BELIZE CITY - BELIZE | = Add |
| | | | Remove |
| | | | ☐ Change |
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| f amend | ing any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| Note: If | date, if other than the date of filing: (optional) we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0203 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 's effective date on the Department of State's records. |
| e recor The 90 | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed. |
|)ated | 03/29-, 2019 |
| | Signature of a member of authorized reprostructive of a member |
| | |
| | ALEXANDRE ZEN Typed or printed name of signee |

Page 3 of 3