## L18000129403

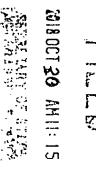
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## **COVER LETTER**

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SUBJECT:	VOAZ LLC						
SUBJECT:		Name of Limited Liability Company					
The enclosed	f Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please return	all correspo	ndence concerning this matter (	to the following:				
		JOE VAZQUEZ					
			Name of Person	<del></del>			
			Firm'Company				
		5902 YEATS MANOR DE					
			Address				
		TAMPA, FL 33616					
			City/State and Zip Code				
		jovaz45@yahoo.com	to be used for future annual report notifi	egtion)			
For further in	nformation c	oncerning this matter, please ca	·				
JOE VAZQI	UEZ		813 477-2649				
Name of Person			Area Code Daytime	Lelephone Number			
Enclosed is a	rcheck for th	ne following amount:					
■ \$25.00 F		S30.00 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:

IO:

Registration Section

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

VOAZ LLC	
( <u>Name of the Limited Liabilit</u> (A Florida	ly Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number <u>L18000129403</u>	company were filed on 05/23/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limi</u>	ited liability company here:
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	(ESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or regis	tered office address on our records, enter the name of the ne
registered agent and/or the new registered office add	ress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
· <del></del>	, Florida
	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

Title	<u>Name</u>	Address	Type of Action
MGR	JOE VAZQUEZ	5902 YEATS MANOR DR	<b>⊟</b> Add
		TAMPA, FL 33616	
			Remove
			☐ Change
AMBR	ADVANTAIRA SERVICES FBO JOE VAZQUEZ #2940	13191 STARKEY RD STE 2	
		LARGO, FL 33773	
			Change
			Change
			30 Remove
			Change
			☐ Remove
			Change
			□ Remove
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Effective date, if fine effective date is <u>Note:</u> If the date i document's effecti	nserted in this	block does not	meet the applic	able statutory H	(or more than 90 days ling requirements	optional) after filing.) Pu , this date will	rsuant to t not be l	505,0207 isted as
ie record speci The 90th day				t an effective	e time, at 12:0	01 a.m. on	the ea	rlier of
rated 26	004		. 2018	<u>}</u> .				

Page 3 of 3

Filing Fee: \$25.00