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COVER LETTER .

TO: Registration Section Division of Corpor	
SUBJECT:	ga Denacracy of AZ, LLC Name of Limited Liablity Company
The enclosed Articles of Am	endment and fee(s) are submitted for filing.
Please return all corresponde	nce concerning this matter to the following:
	Holly Cannon Name of Person Yoga Deni Ocracy Firm/Company P. O. Box 768 Address Whaternere Fl. 34786 City/State and Zip Code
_	E-mail address: (to be fised to) future annual report notification)
For further information conce	erning this matter, please call:
Holly Cay	at (407) 361-6992 Area Code Daytime Telephone Number
Enclosed is a check for the fo	ollowing amount:
□ \$25.00 Filing Fee [□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section of Corp	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	ocracy of AZ LLC ny as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number	1 1
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil. The new name must be distinguishable and contain the words Limited Liabil.	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	7509 E. Cave Creek Rd Unit #105 = Carefree AZ \$5377
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Nochange à Same as press
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	no Change
New Registered Office Address:	Same as privious Enter Florida street address
	, 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.

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 Address Type of Action Name 3013 Seigneury Dr XAdd Windermore FL 34786 Remove □ Change □ Change . ⊡Change CODInvestments GMBR □Change \square Add Remove □ Change □Add □Remove □Change

If amending a	any other info	rmation, en						1	
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	, if other than						_ (option	al)	
Note: If the da	ite inserted in th	iis błock does	not meet the	applicable s		more than 90 d	lays after fil	ing.) Purs	suant to 605.0207 i not be listed as t
locument's eff	ective date on t	he Departmen	it of State's r	ecords.			_		
record specifi d is filed.	es a delayed eff	ective date, bu	it not an effe	ective time, a	t 12:01 a.m	. on the earli	er of: (b)	The 90t	h day after the
Dated	July	8	<u>2</u> _	02L.					
<u> </u>		Signature	ONX:	O1(representativ	ve of a membe		-	
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	- 	Holl	y La	nnor	\				
-	- 		Typed	or printed nam	ne of signee				

E.L. E. 635.00