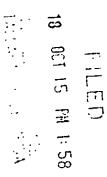


| (Requestor's N | ame) |
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| (Address) | |
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| PICK-UP WAI | T MAIL |
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| Certified Copies Certif | icates of Status |
| Special Instructions to Filing Office | er: |
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10/15/18--01002--011 **25.00





COVER LETTER

| TO: Registration S Division of Co | | | |
|--------------------------------------|---|---|--|
| Azizcycle | | | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles o | f Amendment and fee(s) are sub | mitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | Michael Aziz | | |
| | | Name of Person | |
| | Azizcycle LLC | | |
| | | Firm/Company | |
| | 4107 E MLK JR BLVD | | |
| | - | Address | |
| | Tampa, FL 33610 | | |
| | aziz@azizeyele.com | City/State and Zip Code | |
| | E-mail address: (| to be used for future annual report notif | cation) |
| For further information | concerning this matter, please co | all: | |
| Mike Aziz | | 813 389-0143 | |
| Name | of Person | Area Code Daytime | Telephone Number |
| Enclosed is a check for | the following amount: | | |
| E \$25.00 Filing 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) |

TO:

MAILING ADDRESS: 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

| Azizeyele LLC | | |
|--|--|------------------------------|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited I | ny as it now appears on our record liability Company) | <u>ds.</u>) |
| he Articles of Organization for this Limited Liability Company | were filed on | and assigned |
| lorida document number L18000183810 | | |
| his amendment is submitted to amend the following: | | |
| a. If amending name, enter the new name of the limited liab | ility company here: | |
| | | - 1 |
| the new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | Azizcycle LLC | 3 7 |
| Principal office address MUST BE A STREET ADDRESS) | 4107 E MLK JR BLVD | 2 LT |
| | Tampa, FL 33610 | THE STATE OF |
| | | |
| Inter new mailing address, if applicable: | | 55 |
| Mailing address MAY BE A POST OFFICE BOX) | | · |
| | | |
| | - 11 | · <u>-</u> |
| 3. If amending the registered agent and/or registered of | | ls, enter the name of the |
| egistered agent and/or the new registered office address her | <u>ē</u> : | |
| | | |
| Name of New Registered Agent: | *** | |
| New Registered Office Address: | | |
| | Enter Florida street addre. | SS . |
| | | lorida |
| | 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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|--------------|--|----------------|
| MGR | Michael Aziz | 4038 Bismarck Palm Dr Tampa, Fl. 33610 | |
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| f an effecti <u>Note:</u> If t | | e date must be s in this block o | specific and does not n | cannot be princet the app | icable statu | | han 90 days at | | tursuant to 605.0207 ill not be listed as |
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Page 3 of 3

Filing Fee: \$25.00