

To:

Page: 1 of 5

2022-11-17 22:27:52 GMT

13055086364

From: Antonio Alonso, Esq.

11/17/22, 5:24 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ANTONIO ALONSO, PLLC.
Account Number : I20160000045
Phone : (305)606-0399
Fax Number : (305)508-6364

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TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AZORD INVESTMENTS, LLC**

Certificate of Status	1
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A. BUTLER
Help
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To:

Page: 2 of 5

2022-11-17 22:27:52 GMT

13055086364

From: Antonio Alonso, Esq.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AZORD INVESTMENTS, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Antonio Alonso, Esq.

Name of Person

Antonio Alonso PLLC

Firm/Company

121 Alhambra Plaza, Suite 1500

Address

Coral Gables FL 33134

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Antonio Alonso, Esq.

Name of Person

at (305)

Area Code

606-0399

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

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(additional copy is enclosed)

☒ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee

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

AZORD INVESTMENTS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2022 NOV 18 PH 4:04
CLERK OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 09/21/2018 and assigned
Florida document number L18000224494.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

INVESTSOUTH DREAM VACATIONS, LLC

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, 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

