L18000260321

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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US 11/16/180

COVER LETTER

	CIAL TEAM LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	ALVARO PATINO		
	.	Name of Person	
	HISPANIC FINANCIAL	TAX SERVICES INC	
	Firm/Company		2923
	7401 WILES RD SUITE I	26	2323 OCT -8
		Address	
	CORAL SPRINGS, FL 33	067	7
		City/State and Zip Code	 မှ
	apatino@hispanictaxine.cor		
For further information e	E-mail address: (oncerning this matter, please or	to be used for future annual report notif	heation)
	oncertning this matter, prease co		
ALVARO PATINO		954 5093745 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$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)
<u>Mailing Addres</u>	<u>s:</u>	<u>Street Address:</u>	
Registration S	Section	Registration Sec	
Division of C P.O. Box 632		Division of Cor The Centre of T	•
Tallahassee, 1			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AG FINANCIAL TEAM LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Co- Florida document number L18000260321	mpany were filed on	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
AZ BUSINESS USA LLC		
he new name must be distinguishable and contain the words "Limite	ed Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u> </u>	C:
		P. 1
nter new mailing address, if applicable:		立 ; · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE BOX)		
Tuning address BIAT BLATOST OFFICE BOAT		
. If amending the registered agent and/or registered of gent and/or the new registered office address here:	office address on our records,	enter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
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 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>	Name	Address	Type of Action
MGR	ALVARO PATINO	7401 WILES RD SUITE 126	= Add
		CORAL SPRINGS, FL 33067	□Remove
			□Change
			□Remove
			Change
			8-130 €
			Remove
			<u>Ω</u> □Change
		- <u></u> -	□Add
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	33.
fective date, if other than the date of filing:	(optional)
in effective date is listed, the date must be specific and cannot be prior to conte: If the date inserted in this block does not meet the applicable	date of filing or more than 90 days after filing.) Pursuant to 605.02
nte: If the date inserted in this block does not meet the applicable adment's effective date on the Department of State's records.	le statutory titing requirements, this date will not be usted a
record specifies a delayed effective date, but not an effective time is filed.	e, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is fied.	
SEPTEMBER 30 2020	
SA) 67	7
	,
Signature of a member or authoriz	and an annual state of a secondary

Filing Fee: \$25.00