L19000078 910

(Requestor's Name)
(Address)
	Address)
(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business Entity Name)
	Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:

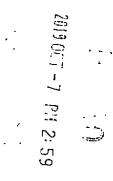




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CT 25 ---



COVER LETTER

	egistration Sec ivision of Corp			
SHRIFCT	AZ ASSETS			
SOMME	•		ited Liability Company	
The enclos	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retu	irn all correspor	ndence concerning this matter	to the following:	
		ZUZETTE HEATHCOTE		
			Name of Person	
			Firm/Company	
		1651 SW 21 AVENUE		
		_	Address	
		MIAMI, FLORIDA, 3314:	5	
		zuzette1007@gmail.com	City/State and Zip Code	
			to be used for future annual report notif	ication)
For further	information co	oncerning this matter, please ca	all:	
ZUZETTI	Е НЕАТНСОТ		305 495-9844 at () Area Code Daytime	
	Name of	Person	Area Code Daytime	: Telephone Number
Enclosed is	s a check for the	e 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

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



2019 007 -7 FM 2:59

AZ ASSETS LLC

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

(11 minus 2)	monny company)	
The Articles of Organization for this Limited Liability Company	vere filed on 03/21/2019	and assigned
Florida document number L19000078910		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
AZ ASSETS LLC		
The new name must be distinguishable and contain the words "Limited Liabili-	y Company," the designation "LLC	C" 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 off		s, 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 addre	SS
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pa being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, a rovided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is

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
AMBR	ALEXANDER TAMARGO	1936 SW 13 STREET	⊒ Add
		MIAMI, FLORIDA, 33145	■ Add
			Remove
			☐ Change
AMBR	ZUZETTE HEATHCOTE	1651 SW 21 AVENUE	~
		MIAMI, FLORIDA, 33145	
			☐ Remove
			Change
			□ Add
			☐ Remove
			Change
			Add
			☐ Remove
			□ Change
			□ Add
		□ Remove	
		 	Change
			□ Remove
			□ Change

(If an et <u>Note:</u>	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	OCTOBER IST 2019
	Signature of a member or authorized representative of a member
	ZUZETTE HEATHCOTE

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00