## L19000093517

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## **COVER LETTER**

TO:	Registration Se Division of Cor		;	
	Azal, LLC	•	•	•
SUBJE		None continue	faul tickilin Company	
		Name of Lim	ited Liability Company	
The enc	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	indence concerning this matter	to the following:	
		Carlos Ledo		
			Name of Person	
		The Ledo Law Firm, PLLC		
			Firm/Company	
		8200 West 33 Avenue, Ba	y 12	
			Address	
		Hialeah, FL 33018		
		cłedo@ledolegalpro.com	City/State and Zip Code	
			to be used for future annual report notif	ication)
For furt	her information c	oncerning this matter, please c	all:	
Carlos	Ledo		833 533-6529 at ( )	
	Name o	f Person		Telephone Number
Enclose	ed is a check for the	ne following amount:		
<b>≡ \$</b> 25	5.00 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 Addres	ss:	Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Azal, LLC	
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.)
(A Florida Limited L	Chaomicy Company)
The Articles of Organization for this Limited Liability Company	were filed on 04/04/2019 and accioned
Florida document number L19000093517	် ည သိ
This amendment is submitted to amend the following:	, 25
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	11230 NW 122ND ST
(Principal office address MUST BE A STREET ADDRESS)	Suite 400
	Medley, FL 33178
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a	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

"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>	Address	Type of Action
MGR	Vonda A. Gutierrez	11230 NW 122 Street	■Add
		Suite 400	□Remove
		Medley, FL 33178	□Change
MGR	Lunazal, LLC	2129 NW 86 AVENUE	□Add
		Doral, FL 33122	■Remove
			□Change
			□Add
			□Remove
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cument s	fective date on the Department	l of State's records	S.		
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Filing Fee: \$25.00