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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GG CONSULTING SERVICES CORP

Account Number : I20210000143 Phone : (786)631-8656 Fax Number : (786)360-4066

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AZIMUT CA, LLC

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COVER LETTER

	legistration Sec Division of Corp				
SUBJEC	AZIMUT C.	A, LLC			
000		Name of Limit	ed Liability Company		-
The enclo	sed Articles of /	Amendment and fee(s) are subn	nitted for filing.		
Please ret	um all correspor	ndence concerning this matter t	o the following:		
		CARLOS CHAPELLIN			
			Name of Person		
		AZIMUT CA, LLC			
			Firm/Company		_
		1713 NW 165TH AVE			
			Address		
		PEMBROKE PINES, FL 3	3028		
			City/State and Zip Code		
		azimutcallc@gmail.com			
		E-mail address: (t	o be used for future annual repo	rt notification)	-
For furthe	er information co	oncerning this matter, please ca	di:		
CARLOS	S CHAPELLIN		305 924-	1416	
	Name of	Person		Daytime Telephone Nun	iber
Enclosed	is a check for th	e following amount:			
\$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	Certi d) Certi	O Filing Fee, fleate of Status & fied Copy onal copy is enclosed)

Mailing Address: Registration Section
Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address: 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

AZIMUT CA, LLC			
(Name of the Limi	ted Liability Company us it a (A Florida Limited Liability C	ow unpears on our records.)	
The Articles of Organization for this Limited L Florida document number <u>L2000032166</u>	iability Company were fil	ed on February 03, 2020	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liability con	npany here:	
N/A			
The new name must be distinguishable and contain the	words "Limited Liability Comp	ony," the designation "LLC" or the	ubbreyintion "L.L.C."
Enter new principal offices address, if appli	cable:		- <u>C</u>
(Principal office address MUST BE A STRE	ET ADDRESS)		2 A
Enter new mailing address, if applicable:			AND VED
(Mailing address MAY BE A POST OFFICE	BOX)	Andrew 8-1	57
B. If amending the registered agent and/or agent and/or the new registered office address		on our records, enter the n	ame of the new registered
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A	Enter Florida street address	
	N/A	,	
	CIO	, Florida	Zip Code
New Registered Agent's Signature, if changing	•		

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 = Managor AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CARLOS CHACON CHOREN	1713 NW 165TH AVE	
		PEMBROKE PINES, FL 33028	■Remove
			□Change
			DAdd
			Remove
			☐ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			DAdd
			Remove
			Change
			□Add
			□ Remove

_____ □Change

(1) <u>1</u>	Mective date, if other than the date of filing: O1/01/2022 (optional) an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the locument's effective date on the Department of State's records.
f the	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d is filed.
Ī	Ol/26/2022 Signature of a member or authorized representative of a member
	MGR. CARLOS CHAPELLIN Typed or printed name of signee