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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE FALLAHASSEE, FLORIO/

COVER LETTER

Registration Section Division of Corporations

TO:

The Wild SUBJECT:	Azalea LLC		*· ·
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	omitted for filing.	•
Please return all corresp	nondence concerning this matter	to the following:	
	Sandra Brinker		,
		Name of Person	
	The Wild Azalea LLC.		•
		Firm/Company	
	1511 High St		
		Address	
	Palatka,FL 32177		
		City/State and Zip Code	
	thewildazalea@gmail.com		<u> </u>
	E-mail address; (to be used for future annual report notif	fication) •
For further information	concerning this matter, please c	all:	
Sandra Brinker		386 972-4109 at ()	
Name	of Person		e Telephone Number
Enclosed is a check for	the 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 Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) bility Company)					
	vere filed on March 04,2020	and assigned				
Manuel 04 2020						
A. If amending name, enter the new name of the limited liabili	ity company here:					
The new name must be distinguishable and contain the words "Limited Liability	v 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)						
		<u> </u>				
		公然 ユード				
Enter new mailing address, if applicable:		भार 🗝 ।				
(Mailing address MAY BE A POST OFFICE BOX)						
		원전 <u>:</u> Em 및				
	dress on our records, enter the na	me of the new regi				
Name of New Registered Agent:						
New Registered Office Address:		·				
	Enter Florida street address					
	, Florida					
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code				
I hereby accept the appointment as registered agent and agree						

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>	<u>Address</u>	Type of Action
MGR	Sandra Brinker	1511 High St.	
		Palatka.FL 32177	□Remove
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			□Remove
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effective da	te is listed, the	i an the date date must be sp	ecific and c	annot be pri	or to date o	f filing or mo	re than 90 d	_ (option ays after fil	ing.) Pursua	nt to 605.
		n this block do on the Departn				utory filing	requiremo	ents, this d	ate will no	t be liste
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cord specif s filed.	ies a delayed	effective date	, but not a	n effective	time, at 1	2:01 a.m. o	n the earli	er of: (b)	The 90th o	iay after
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