

W20000128396

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## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: 5447 Azure Way, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maribel Figueredo, Trustee of the Maribel Figueredo Revocable Trust

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

5447 Azure Way

\_\_\_\_\_  
Address

Sarasota, FL 34242-1810

\_\_\_\_\_  
City/State and Zip Code

maribel.figueredo@icloud.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maribel Figueredo

718

360-3011

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime 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 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

2007 OCT 28 PM 1:51

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

5447 AZURE WAY, LLC

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

The Articles of Organization for this Limited Liability Company were filed on May 12, 2020 and assigned  
Florida document number L20000128396.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5447 Azure Way

Sarasota, FL 34242-1810

**B. If amending the registered agent and/or registered office 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:

Maribel Figueredo, Trustee of the Maribel Figueredo Revocable Trust

New Registered Office Address:

5447 Azure Way

*Enter Florida street address*

Sarasota

*City*

Florida 34242-1810

*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>	<u>Address</u>	<u>Type of Action</u>
AMBR/ MGR	Maribel Figueredo, Trustee of the Maribel Figueredo Revocable Trust	5447 Azure Way	<input checked="" type="checkbox"/> Add
		Sarasota, FL 34242-1810	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR/ MGR	Maribel Figueredo	5432 Cape Leyte Drive	<input type="checkbox"/> Add
		Sarasota, FL 34242	<input checked="" type="checkbox"/> Remove
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If 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)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 record is filed.

Dated December 22, 2022

ember 22, 2022

Matthew Green

Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

**Maribel Figueredo**

Typed or printed name of signee

**Filing Fee: \$25.00**