

L20 000155970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

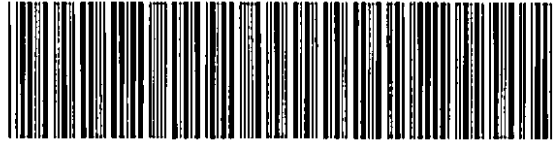
(Business Entity Name)

(Document Number)

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08/20/2019-01019-003 \$25.00

2020 AL : 20 OCT 8:55

O SIMPSON
OCT 07 2020

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: AZOR UNIQUE FASHION SHOP 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:

ORNELIA AZOR SANON

Name of Person

Firm/Company

8507 LIBBY LANE

Address

TAMPA, FL 33619

City/State and Zip Code

AZORCARLINE26@YAHOO.COM

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

For further information concerning this matter, please call:

CIANILIA AZOR

at (813) 475-2161

Name of Person

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

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

JAN 20 AM 8:55

AZOR UNIQUE FASHION SHOP 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 06/08/2020 and assigned
Florida document number L20000155970.

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 "LLC."

Enter new principal offices address, if applicable:

5400 E BUSCH BLVD

(Principal office address MUST BE A STREET ADDRESS)

198

TAMPA, FL 33617

Enter new mailing address, if applicable:

5400 E BUSCH BLVD

(Mailing address MAY BE A POST OFFICE BOX)

198

TAMPA, FL 33617

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:

CIANILIA AZOR

New Registered Office Address:

10014 OKLAWAHA AVE

Enter Florida street address

TAMPA

City

, Florida 33617

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.

Cianilia Azor

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>
MGR	CIANILIA AZOR	10014 N OKLAWAHA AVE	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33617	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ORNELIA AZOR SANON	8507 LIBBY LANE	<input checked="" type="checkbox"/> Add
		TAMPA, FL 33619	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

AUG 20 AM 8:55

E. Effective date, if other than the date of filing: 06/08/2020 (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 AUGUST 08TH 2020

Cianilia Azor

Signature of a member or authorized representative of a member

CIANILIA AZOR

Typed or printed name of signee

Filing Fee: \$25.00