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(Re	equestor's Name)	
(Address)		
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COVER LETTER

Division of Corp	orations		
SUBJECT:	Great A-	ZU LL C	
	Nume of Emi-	neo Diabinty Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Lazaro	Name of Person	
	Careat	- AZUL LLC Firm/Company	
		SE ST. Address	
		Address	
	Homeste	acl, FL 3305 City/State and Zip Code	33
		a @ great azul. To be used for future annual report notifica	
For further information cor	ncerning this matter, please ca		
Luisa Pi	J U	at (3t5) 798	0360
Name of	Person	Area Code Daytime T	elephone 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)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Se		Street Address: Registration Section	on

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

Registration Section

TO:

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

Creat i	Azul	LLC	ELTANG	11 FH 3:	3.0
(Name of the Limited Liability (A Florida	ty Company as Limited Liabil	it now appear ity Company)	s on our rec	ords.)	-29
The Articles of Organization for this Limited Liability C Florida document number <u>LZOOOD1995</u> ,		e filed on	7/13	12020	and assigned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limi	ited liability	company he	ere:		
The new name must be distinguishable and contain the words "Limi	ited Liability C	ompany," the d	esignation "	LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:				· · ·	
(Principal office address MUST BE A STREET ADDR	RESS) _				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office addr	ess on our r	ecords, <u>en</u>	ter the name	of the new registered
Name of New Registered Agent:					
New Registered Office Address:	=	Futar Flor	ida street ad	duana	
		Enter Pior	ida sireei adi	aress	
		Citv	.	Florida	Zip Code
Now Degistered Agent's Signature if changing Degisteres					age come

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 2813 AUR 11 Pil 3: 29	Type of Action
AMBR	Lazaro Cabrera	1405 SE. 5th ST	XAdd
		Homestead, PL 33033	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Change
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		Remove	
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			🗆 Add
			□Remove
			□Change

	F. JAPETT PH 3: 29
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an effective date is listed, the ote: If the date inserted i	han the date of filing:
ecord specifies a delayed is filed.	effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated July	1 30° , 2020.
	Signature of a member or authorized representative of a member
	Luisa Pou
	Typed or printed name of signee