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(Re	questor's Name)	
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☐ PICK-UP	WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
		
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	230 Maz Name of Limi	2 c ToV Fe	state LK
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Raymon	Name of Person	· —
		Firm/Company	
	3661	W. Forge Rd	
	7	City/State and Zip Code	2 <u>K</u>
	E-mail address: (to be used for future annual report notif	fication)
For further information c	oncerning this matter, please co	all:	
Raymonde Name o	<u>Charlier</u>	at (<u>G) 54</u>) <u>560</u> Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		(7) A
\$25.00 Filing Fee	(1) \$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 S Division of C	Section	Street Address: Registration Sec Division of Cor	
P.O. Box 632 Tallahassee, 1	27	The Centre of T	Tallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	A Z e l lov L state L L Liability Company as it now appears on our records.) A Florida Limited Liability Company)
The Articles of Organization for this Limited Liab	bility Company were filed on
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of the	he limited liability company here:
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:
Principal office address MUST BE A STREET	ADDRESS)
	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE B	OX)
B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office address on our records, <u>enter the name of the new registered here</u> :
Name of New Registered Agent:	Fric H. Light Fig.
New Registered Office Address:	301 Jamato Rd Ste 12110 Ether Florida street address
	Boca Raton Florida 3343/
New Registered Agent's Signature, if changing Re	egistered Agent:
provisions of all statutes relative to the proper accept the obligations of my position as regist	Q
	69
	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 Title Name Address Type of Action 3661 W. Forge Rd Davie FL 33328 EAdd ALLEBAZ 4C □Remove _____ Change P Raymonde Charlier **☑**Remove MGR Nidier Nestouleaux _____ □Remove \square Add _____ □Remove

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fective date, if other th	an the date of filing:	$\frac{1}{2}$ (opt	ional)
in effective date is listed, the core: If the date inserted in	date must be specific and cannot be prior to a this block does not meet the applicable	date of filing or more than 90 days and le statutory filing requirements, the	is date will not be listed a
ocument's effective date o	on the Department of State's records.		~ 6
			2021
record specifies a delayed	effective date, but not an effective time	e, at 12:01 a.m. on the earlier of: (
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	Signature of a member or authorize	zed representative of a member	