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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

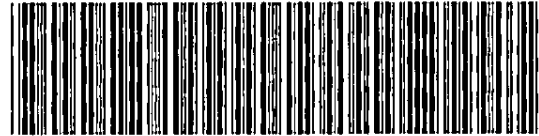
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AZURE ONE, 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:

Roark R. Monahan, CPA

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

MONAHAN-MIJARES CPA, PA

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

75 Valencia Ave, Suite 703

\_\_\_\_\_  
Address

Coral Gables, FL 33134

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

elismor.castillo@monahanmijares.com

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

For further information concerning this matter, please call:

Roark R. Monahan

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

305  
at ( )  
Area Code

407-1440

\_\_\_\_\_  
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/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## Page 1 of 3

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	VAN DER VELDEN, MARTIN	75 VALENCIA AVE STE 703	<input checked="" type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PERRET GENTIL, ALBERTO J	505 FAIRBANKS TURN	<input type="checkbox"/> Add
		QUEECHIE, VT 05059	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PERRET GENTIL, IRWIN J	505 FAIRBANKS TURN	<input type="checkbox"/> Add
		QUEECHIE, VT 05059	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MONAHAN, ROARK R	75 VALENCIA AVE STE 703	<input type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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**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.

Dated JULY 01, 2021



Roark R Monahan

Typed or printed name of signee