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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

	tration Sec on of Corp					
	ZURE ON	SE, LLC				
SUBJECT: _		Name of Limi	ited Liability Company			
The enclosed A	Articles of a	Amendment and fee(s) are sub	mitted for filing.			
Please return a	II correspo	ndence concerning this matter	to the following:			
		Roark R. Monahan, CPA				
			Name of Person			
		MONAHAN-MIJARES C	PA. PA			
			Firm/Company			
		75 Valencia Ave, Suite 70.	3			
			Address			
		Coral Gables, FL 33134				
		elismor.castillo@monahanr	City/State and Zip Code			
		-	to be used for future annual report notifica	•		Ø
For further info	ormation c	oncerning this matter, please ca		,	: .	~ ,
Roark R. Mon	iahan		305 407-1440		1 1 1	<u> </u>
<u> </u>	Name o	f Person	Area Code Daytime T	elephone Number	:# V 16-	1 1
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Enclosed is a c	check for th	ne following amount:			24	\sim
■ \$25.00 Fil	ing Fee	□ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
	Registr	ING ADDRESS: ation Section	STREET/COURIER Registration Section Division of Corporati			

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

7.

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AZURE ONE, LLC		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number 1.21000111240	Company were filed on 03/08/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	gistered office address on our records, en	ter the name of Chi n
		•
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	
	City , Florida	-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>	Type of Action
MGR	VAN DER VELDEN, MARTIN	75 VALENCIA AVE STE 703	
		CORAL GABLES, FL 33134	Remove
			Change
MRG	PERRET GENTIL, ALBERTO J	505 FAIRBANKS TURN	
		QUECHEE, VT 05059	Remove
			Change
MGR	PERRET GENTIL, IRWIN J	505 FAIRBANKS TURN	
		QUECHEE, VT 05059	Remove
			Change
MGR	MONAHAN, ROARK R	75 VALENCIA AVE STE 703	<u>⊿:</u> □ Add
		CORAL GABLES, FL 33134	■.Remove
			Change
			Add 7
			Remove
			Change
			Remove
			□ Change

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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00