L21000 134456

(Requestor's Name)
(Address)
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,
(City/State/Zip/Phone #)
(ORy/State/Zip/r Holle #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J.,
DEC: 1 ZOZ4
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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE 12/10/2024		**WALK IN**
ENTITY NAME Anzu	SPAC Capital III LL	<u>C</u>
DOCUMENT NUMBE	ER	
	PLEASE FILE	THE ATTACHED AND RETURN
	Plain Copy	
XXXXXXXX	Certified Copy	
	Certificate of Status	
	PLEASE OBTAIN THE	E FOLLOWING FOR THE ABOVE ENTITY
	Certified Copy of Ar	rts & Amendments
	Certified Copy of Ar	ts & Amendments Complete File (Inclading Annual Reports)
	Certificate of Status	
	Certificate of Status	· Reflecting:
	APOSTILLE'	/ NOTARIAL CERTIFICATION
COUNTRY OF DESTINA	YATION	
NUMBER OF CERTIFIC	CATES REQUESTED	
TOTAL OWED \$ 55.0	00	ACCOUNT # 120140000108 Cuth United Corporate Services, Inc. Thank you so much!
Please call Tina at	the above number for	r any issues or concerns. Thank you so much!

	JUU-ADD7-4064-9UAE-7E809UAUG	COVER LETTER			
TO: Registration Se Division of Cor	ection				
Anzu SPA	C Capital III LLC				
SUBJECT:		ited Liability Company			
The swelvest Articles of	Amendment and fee(s) are sub	emitted for filing			
	ondence concerning this matter				
	Brandon Fleischman				
		Name of Person			
	Anzu Partners LLC				
	-	Firm/Company			
12610 Race Track Road, Suite 250					
		Address			
	Tampa, FL 33626				
	1:05	City/State and Zip Code	<u> </u>		
	bjf@anzupartners.com E-mail address: (to be used for future annual report noti	fication)		
For further information e	concerning this matter, please c	all:			
Brandon Fleischman		516 659-0092			
Name c	of Person	at () Area Code Daytim	e Telephone Number		
Enclosed is a check for t	he following amount:				
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	SS5.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclose		
Mailing Addres		Street Address:			
Registration Division of C		Registration Se Division of Co			
P.O. Box 633			The Centre of Tallahassee		

P.O. Box 6327 Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Docusign Envelope ID: B1C36D00-A557-4564-9CAE-7E8590ACUCCE ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

AnzuSPAC Capital III LLC		2024 DEC 10 PM 1: 19
(<u>Name of the Limited Liability Com</u> (A Florid: Limite	pany as it now appears on a d Liabiaty Company)	· ·············· ·
		たい アンドラー アンドルド
The Articles of Organization for this Limited Liability Compar	ny were filed on March.	and assigned
Florida document number L21000134456		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
AG Firestorin LLC		
The new name must be distinguishable and contain the words "Limited Lie	ibility Company," the design	nion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
internal address State of the S		
B. If amending the registered agent and/or registered offic	e address on our recor	ls, enter the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	vet address
_		, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>1t:</u>	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi company has been notified in writing of this change.	te performance of my o s provided for in Chap	laties, and I am familiar with and ver 605, F.S. Or, if this document is
<u> </u>		
If C	hanging Registered Agent. 🛚	ignature of New Registered Agent

Docusign Envelope ID: BTG36D000-A557-4564-9CAE-7E8590AC0CCE II amending Authorized rerson(s) authorized to inadage, enter the fitte, name, and address of each person-being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Membe

<u>Title</u>	Name	Address	Type of Action
			🗆 Add
			□Remove
			Change
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Page 2 of 3

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Effective date, if other than the da (If an effective date is listed, the date must be <u>Note:</u> If the date inserted in this block document's effective date on the Depa	ite of filing: : specific and cannot be : does not meet the ap	plicable statutory fi	more than 90 days after thing requirements, this	iling.) Pursuant to 605 0207 (2
the record specifies a delayed e) The 90th day after the record	ffective date, but d is filed.	not an effective	e time, at 12:01 a.	m. on the earlier of:
Dated December 10	2024	·		
DAVID SELDIN				
☐ 1F38A892471A435	gnature of a member or	authorized representat	ve of a member	

Page 3 of 3

Filing Fee: \$25.00