(Re	questor's Name)	
(Ad	dress)	
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(Cıt	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	)
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

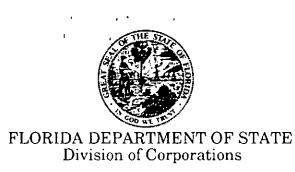


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July 6, 2021

FLORIDA CAPITAL COURIER SERVICES, INC

SUBJECT: AZEBUILD LLC Ref. Number: L21000194806

We have received your document for AZEBUILD LLC and your check(s) totaling \$200.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

This document is too light for imaging

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 321A00015338

Yasemin Y Sulker Regulatory Specialist III



FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

Corporation Name & Document Number, (if k	(OFFICE USE ONLY)
1. <u>AZEBUILD LLC L21000194806</u>	
(Business Name)	Document #
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy (please stamp each page)	
Certificate of Status	
<u>NEW FILINGS</u>	<u>AMMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other CORP	x_AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversion
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing Limited Partnership
Fictitious Name	Reinstatement
APOSTIL ()	Other
	EXAMINER'S INITIALS:

## .. COVER LETTER

TO: Registration S Division of Co			
AZEBUIL	.D LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	MARTIN E. DELLOCA		
		Name of Person	
	MDELL CONSULTING O	CORP	
		Firm/Company	
	777 BRICKELL AVE STI	E 500-49	
		Address	
	MIAMI, FL, 33131		
		City/State and Zip Code	
	MDELLOCA@MDELLCO		
	E-mail address: (	to be used for future annual report notif	lication)
For further information	concerning this matter, please c	all:	
MARTIN E. DELLOCA	Ą	305 607-3493 at ( )	
Name	of Person		e 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)
<u>Mailing Addre</u> Registration		Street Address: Registration Sec	ction
	Corporations	Division of Cor	
P.O. Box 63	•	The Centre of T	`allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AZEBUILD LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\stackrel{05/04/2021}{-}$ and assigned Florida document number 1.21000194806 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "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) B. If amending the registered agent and/or registered office address on our records, 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 street address

## 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	Type of Action
MGR	Dario Francisco Samaniego	777 BRICKELL AVE	<b>=</b> Add
		STE 500-49	□Remove
		MIAMI, FL, 33131	□Change
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			□Remove
			Change
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Effective date, if other than the fan effective date is listed, the date mode:  If the date inserted in this document's effective date on the	nust be specific block does no	and cannot be po of meet the app	rior to date of fili blicable statuto	ng or more than 9	0 days after filing	.) Pursuant to 605.029
e record specifies a delayed effect rd is filed.	tive date, but i	not an effectiv	e time, at 12:0	l a.m. on the ea	rlier of: (b) Th	e 90th day after th
IIII V 7		2021				
Dated	-	<u> </u>				
Dated JULY 7	Signature of	ne Qui	0.	entative of a mem		