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To:

**Division of Corporations** 

Fax Number : (850)617-6383

From:

Account Name: REGISTERED AGENTS INC.

Account Number: 120090000081 Phone: (307)200-2803 Fax Number: (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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Email Address:		 	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AZIMUT 50 FLY, LLC

JUN 23 PM 3: 4.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AZIMUT 50 FLY, LLC		
( <u>Name of the Limited Li</u> (A F	iability Company as it now appears on our records.) lorida Limited Liability Company)	
The Articles of Organization for this Limited Liabil document number L21000241547	ity Company were filed on 05/24/2021	and assigned
This amendment is submitted to amend the following	ng:	
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 t	he abbreviation "L L.C."
Enter new principal offices address, if applicable	e:	
Principal office address MUST BE A STREET A	DDRESS)	<del></del>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO)  B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, en	SECRETARY OF STATE name of the new nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	la
-	City	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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Eugene Likhovid	18101 Collins Ave	☑ Add
		Apt 1703	☐ Remove
		Suny Isles Beach, FL 33160	Change
			□ Remove
			Change
			Remove
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Tective date, if other than the date of filing an effective date is listed, the date must be specific and ote: If the date inserted in this block does not mocument's effective date on the Department of States.	ieet the applicab	date of filing or mole statutory filing	(opti ore than 90 days afte requirements, thi	onal) r filing.) Pursuant to is date will not be	o 605,020 : Tisted a
e record specifies a delayed effective d The 90th day after the record is filed.	ate, but not	an effective t	me, at 12:01	a.m. on the e	arlier
6/23 .	2021	_ •			
R: Leas Tak	nember or authori	ized representative	of a member		

Page 3 of 3

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