121000333776

(Requestor's Name)
(requesters reme)
(Address)
(· · · · · · · · · · · · · · · · · · ·
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

A. RIVERS NOV 0 8 2021



000375557940

10/28/21--01010--005 ++25.00

7710 . 3 M 8: 32

COVER LETTER

TO: Registration Section Division of Corpora	ations		
SUBJECT: AZIL	TWUEST	ments LLC	•
SUBJECT	Name of Limite	ed Liability Company	
The enclosed Articles of Ame	endment and fee(s) are subm	itted for filing.	
Please return all corresponde	nce concerning this matter to	the following:	
-	nobinson	Name of Person	
	A City IN VEST MANS CLC Name of Limited Liability Company d Articles of Amendment and feets) are submitted for filing. n all correspondence concerning this matter to the following: ROBINSON AGAN AGOY Name of Person		
		Firm/Company	
	15165 SU	u los terr	
-			S 21C S 21C S 21C S 21C S 3 Comport notification) S 4 -75 41 Daytime Telephone Number S 60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) S 5 Corporations
	Hiami,	CI 33196	
•		City/State and Zip Code	
_	SUGAYCA C	244 @ amail C	0 tr)
			ony
For further information conce	erning this matter, please call	l:	
LYda A. G	VAVARRO	al 756, 569 -	7541
Name of Per	son	Area Code Daytime Tel	ephone Number
Enclosed is a check for the fo	ollowing amount:		
¥\$25.00 Filing Fee €		Certified Copy	Certificate of Status & Certified Copy
Mailing Address:			
-		-	
P.O. Box 6327	WIGHTOHS	•	
Tallahassee FL	32314	2415 N. Monroe St	reet. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AZU I					-
(Name of the Limited (A	Florida Limited Lia	bility Compa	ny)	r_recurus.)	
The Articles of Organization for this Limited Lial Florida document number <u>LZ\000333</u>	- •	ere filed or	107	22/20	21_ and assigned
This amendment is submitted to amend the follow	ring:				
A. If amending name, enter the new name of t	he limited <u>liabili</u>	ty compan	<u>v here</u> :		
The new name must be distinguishable and contain the wor	IA				
The new name must be distinguishable and contain the wor	ds "Limited Liability				
Enter new principal offices address, if applicat	ole:	1	1 14		
(Principal office address MUST BE A STREET	ADDRESS)				
Enter new mailing address, if applicable:	ava .	N	1 A		
(Mailing address MAY BE A POST OFFICE B)	(<u>)X)</u>				
B. If amending the registered agent and/or regagent and/or the new registered office address		dress on o	ur records	s, <u>enter the na</u>	ime of the new registered
	1 V NA	Δ	ارک لھ	ARDI) ml
Name of New Registered Agent:	<u> </u>	111.	10 170	10.00	
New Registered Office Address:	15165	SW	105	He V	
	Mian	Mi Pinter	- r tortaa sire	, Florida _	C1 33196
		City			Zip Coda-
New Registered Agent's Signature, if changing Re					3 3 2 3
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the re company has been notified in writing of this co	and complete p ered agent as pr gistered office a	erformanc ovided for	e of my di in Chapte	ities, and Lan er 605, F.S. O	n familiar with and)r, if this document is
	If Changi	L)	d Agent, Sig	gnature of New I	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>	Name	Address	Type of Action
RA	Pobinson Afancidor	15165 SW 108 Herr	🗆 Add
		15165 SW 108 Herr Miami, Fl 33196	ZRemove
			□Change
RA	LYda A. Navarro	15165 sw 608 Hrr Miami, p133196	
		Mani, p133196	□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□ Change
			🗆 Add
			□Remove
			Change

-									_
					<u> </u>				
								.	
	_			_ _	<u> </u>				
								·	
					<u></u> ,		<u> </u>		
							 .		_
	·								
								•••	_
_									
					-	_			
		<u>.</u>							
									_
									_
									_
<u>te:</u> If i	e date, if other ive date is listed the date insert t's effective da	led in this blo	ock does not	meet the appl	licable statuto	ing or more than ry filing requi	option 90 days after fil rements, this d	al) ing.) Pursuant to ate will not be	605.020° listed as
cord s s filed		iyed effectiv	e date, but no	ot an effective	time, at 12:0	l a.m. on the e	earlier of: (b)	The 90th day a	ifter the
ted	091	14		SOS .	LI II	1			
				400	~ / / / / / / / / / / / / / / / / / / /				
			Signature of a	member or au		entative of a mo			-

Filing Fee: \$25.00