

L21000351651

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2021 OCT 19 AM 10:35
2021 OCT 14 PM 4:37
CLERK OF STATE
TALLAHASSEE, FL
TALLAHASSEE, FLORIDA

Y SULKER

OCT 19 2021



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 10/14/2021

Name: Merritt Walker

Reference #: 1499154

Entity Name: AZUL VACATIONS LLC

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

**PLEASE RETAIN THE
ORIGINAL DATE OF
SUBMISSION, 10/14/2021**

Authorized Amount: \$25

Signature: 



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 15, 2021

COGENCY GLOBAL INC.

SUBJECT: AZUL VACATIONS LLC
Ref. Number: L21000351451

We have received your document for AZUL VACATIONS LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 121A00025150

RECEIVED
2021 OCT 18 AM 11:50
ALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AZUL VACATIONS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ark Azulay

Name of Person

Dixie Capital LLC

Firm/Company

420 S. Dixie Hwy

Address

Hallandale Beach, FL, 33009

City/State and Zip Code

ank@dixiecapital.com

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Ark Azulay

954 477-7707

at ()

Name of Person

Area Code

Daytime 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)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

AZUL VACATIONS 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 08/04/2021 and assigned
Florida document number L21000351451.

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:

420 S. Dixie Hwy

(Principal office address MUST BE A STREET ADDRESS)

Hallandale Beach, FL, 33009

Enter new mailing address, if applicable:

420 S. Dixie Hwy

(Mailing address MAY BE A POST OFFICE BOX)

Hallandale Beach, FL, 33009

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

Florida

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, 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>	<u>Type of Action</u>
AMBR	AZULAY, ARIK	19501 NE 22ND AVE	<input type="checkbox"/> Add
		MIAMI, FL, 33180	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	BROSH, MAYTAL	19501 NE 22ND AVE	<input type="checkbox"/> Add
		MIAMI, FL, 33180	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee