h21000364949

(Re	equestor's Name)	
(Ad	Idress)	
(Ad	Idress)	
•	,	
(C:	ty/State/Zip/Phone	40
(CII	ty/State/21p/Phone	#)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Name	e)
•	,	-,
(5)	non and None bank	
(L)C	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
	, mily Omeon	

Office Use Only



800389595678

06/27/22--01023--006 *+25.00

2022 JUN 27 PM 4: 31

Tallahassee, FL 32314

	istration Se ision of Cor				
CHD HEZT.		ESTMENTS LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		Jon Mayhugh			
			Name of Person		
		Englander Fischer LLP			
			Firm/Company		
		721 1st Ave. N.			
			Address		
		Saint Petersburg, FL 3370	1		
		jmayhugh@eflegal.com	City/State and Zip Code	;	
		E-mail address: (to be used for future annua	d report notifie	ation)
For further is	nformation c	oncerning this matter, please ca	all:		
Jon Mayhug	h		727 89	98-7210	
	Name o	f Person	Area Code	Daytime 1	Telephone Number
Enclosed is a	a check for t	he following amount:			
■ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is ea		S60.00 Filing Fee. Certificate of Status & Certified Copy tadditional copy is enclosed
	iling Addres			Address: ration Secti	ion
Div	vision of C	Corporations	Divisi	on of Corpo	orations
P.C	D. Box 632	27	The C	entre of Ta	llahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

DocuSign Envelope ID: 0FC886A5-8A03-4A6D-8125-9492716ECC11

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JUN 27 PM 4: 36

A 7111 INIVIPOTA IPAITO L LO		36 PH 4: 36		
AZUL INVESTMENTS LLC (Name of the Limited Liability Com	pany as it now appea d Liability Company)	rs on our records.) TALLAHASSES.FL		
The Articles of Organization for this Limited Liability Compar				
Florida document number L21000364949				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	ability company h	ere:		
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the o	designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	c/o England 721 1st Ave	, N.		
(Principal office address MUST BE A STREET ADDRESS)	St. Petersb	urg, FL 33701		
Enter new mailing address, if applicable:	c/o England 721 1st Ave			
(Mailing address MAY BE A POST OFFICE BOX)	St. Petersb	urg, FL 33701		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our 1	ecords, enter the name of the new registere		
Name of New Registered Agent: Englander Fig.				
New Registered Office Address: 721 1st Ave.				
	Enter Florida street address			
Saint Petersb		Florida 33701		
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>			

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.

Jon Mayurdu

TPE Millighing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 0FC886A5-8A03-4A6D-8125-9492716ECC11
II amenuing Authorized rerson(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>	Type of Action
			□Add
			□Remove
			□Change
			🗆 Add
			□ Remove
			□Change
			□Add
			Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

c/o Englander Fis	scher, 721 1st Av	e N., St. F	etersburg, Fl	33701	
					 -
				_	
			_		
			_		
			_		
					7077 555
					- 07
				n •	H .
					<u> </u>
	-				77.
-					
ctive date, if other the	an the date of filing:			(optic	onal)
effective date is listed, the d	late must be specific and c	annot be prior to	date of filing or mo	e than 90 days after	filing.) Pursuant to
ument's effective date on	the Department of Sta	ate's records.	ne statutory ming	requirements, circ	dute will not ov
ord specifies a delayed e filed.	effective date, but not a	n effective tim	e, at 12:01 a.m. or	the earlier of: (b) The 90th day
med.					
ed 6/21/2022					
DocuSigned by:			-		
h C Prisons			zed representative c		

Filing Fee: \$25.00