

L21000485834

(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.

Office Use Only



200375309772

FILED

2021 NOV 24 AM 8:22

CLERK OF STATE
TALLAHASSEE, FL

RECEIVED

2021 NOV 22 PM 3:32

CLERK OF STATE
TALLAHASSEE, FL

Y. GULKER

NOV 29 2021

X

2330 CLARE DRIVE

TALLAHASSEE, FL 32309

(850) 524-5437

(850) 524-6243

PLEASE USE FUNDS FROM ACCT : : I20210000160 AMOUNT: \$35.00 — 2.5

AUTHORIZATION SIGNATURE: _____

AZA PARTNERS LLC

L21000485834

Business Name _____

Document Number, (if KNOWN) _____

____ Certified copy of Annual Report

____ Pick up time _____

____ Certificate of Status

____ Will wait

NEW FILINGS

____ Profit

____ Not for Profit

____ Limited Liability

____ Domestication

____ Other

____ CORP

AMMENDMENTS

☒ Amendment

____ Resignation of R.A.

Officer/Director

____ Change of Registered Agent

____ Dissolution/Withdrawal

____ Merger

____ Correction

OTHER FILINGS

____ Annual Report

____ Fictitious Name

____ APOSTIL () _____

Country

REGISTRATION/QUALIFICATIONS

____ Foreign filing

____ Limited Partnership

____ Reinstatement

____ Other

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 23, 2021

FLORIDA CAPITAL COURIER SERVICES, INC.

SUBJECT: AZA PARTNERS LLC
Ref. Number: L21000485834

We have received your document for AZA PARTNERS 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: 621A00028363

RECEIVED
2021 NOV 24 AM 8:23
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AZA PARTNERS 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:

ROBERT SZABO

Name of Person

AZA PARTNERS LLC

Firm/Company

100 NE 5TH ST

Address

FORT LAUDERDALE FL 33301

City/State and Zip Code

ZSOLTI38SZABO@GMAIL.COM

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

For further information concerning this matter, please call:

ROBERT SZABO

954

829-4125

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

AZA PARTNERS 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 11/10/21 and assigned
Florida document number L21000485834.

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:

ROBERT SZABO

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 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

1

MGR = Manager

AMBR = Authorized Member


[illegible]

[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

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.

11239



Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00