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A. BUTLER

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COVER LETTER

	Registration So Division of Co			
Small Business Aides LLC dba New 1			ennium Accounting Group	
SUBJEC	· I i	Name of Lin	nited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		Mirtha Theresa Mejillones		
			Name of Person	
		Small Business Aides LLC	C dba New Millennium Accountir	ng Group
Firm/Company				
		5214 Mirror Lakes Blvd		
			Address	
Boynton Beach, FL 33472				
			City/State and Zip Code	-
		terri@newmilacetg.com		
		E-mail address: (to be used for future annual report no	tification)
For furthe	er information o	concerning this matter, please c	ail:	
Mirtha Theresa Mejillones		352 449-9705		
	Name o	of Person		me Telephone Number
Enclosed	is a check for t	he following amount:		
\$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Address:	action
	Registration : Division of C		Registration S Division of Co	
	P.O. Box 632		The Centre of	•
-	Tallahassee,	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AZURE OASIS VILLA LLC

2022 JUN 14 AM 7:33

(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 $\,^{5/16/2022}$ and assigned Florida document number 1.22000227197 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: New Registered Office Address: Enter Florida street address _. Florida ___ City

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 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>	Address	Type of Action
			□Add
			□ Remove
			□Change
			□Add
			Remove
			□Change
			
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			□Add
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			□Change
			□Add
			□Remove
			Change
			□Add
		 	□Remove
			5 143

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>	Address	Type of Action
		·	Remove
			□Change
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ffective date, if other than the date must be stored. If the date inscreed in this block	e specific and cannot be prior	to date of filing or more than	(optional) 190 days after filing.) Pursuant to rements, this date will not be	o 605.0207 (Listed as t
locument's effective date on the Depa				
record specifies a delayed effective d d is filed.	date, but not an effective ti	me, at 12:01 a.m. on the	earlier of: (b) The 90th day	after the
JUNE 3	2022			
Manne	gnature of a member or autho			

Filing Fee: \$25.00