Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000083345 3)))



H230000833453AEC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Tc:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GOOD DAY TAX Account Number : I20210000158 Phone : (407)301-1108 Fax Number : (407)448-3122

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**Ente	r the	email	address	for	this	busine	ess	entity	to	be	used	for	futu	re-
in ja	nnual	repor	t mailin	es.	Enter	only	one	email	ado	reco	nle	356	**	2
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **AZGO SERVICES LLC**

Certificate of Status Certified Copy 0 Page Count 01 Estimated Charge \$25.00

Electronic Filing Menu Corporate Filing Menu

Help 7 AAM

COVER LETTER

TO:	Registration S Division of Co			
SURJE	·CT·	AZO	GO SERVICES LLC	
50202		Name of Lin	nited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	return all correspo	ondence concerning this matter	to the following:	
		AZMO	UZ GONZALEZ, JORGE R.	
			Name of Person	
		,	AZGO SERVICES LLC	
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		8734 LEE	VISTA BLVD. SUITE 300	
			Address	
		C	PRLANDO, F1, 32829	
			City/State and Zip Code	
			jorge@azgo.pro	
			to be used for future annual report n	otification)
For furt	her information c	oncerning this matter, please c	ali:	
AZM	IOUZ GONZALI			-0474
	Name o	f Person	Area Code Days	ime l'elephone Number
Enclosed	d is a check for ti	he following amount:		
≣ 525	.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 Addres Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration S Division of Co The Centre of 2415 N. Mont Tallahassee, F	orporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AZGO SERVICES LLC		
(Name of the Limited Liability Company as it now a (A Florica Liability Company)	appears on our records.)	
The Articles of Organization for this Limited Liability Company were filed of	on07/21/2022	and assigned
Florida document number L22000324093		-
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compa	ny here:	
AZGO HOLDING LT.C		
The new name must be distinguishable and contain the words "Limited Liability Company."	"the designation, "LLC" or the abbrevi	ation "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 o	our records, ontar the name of	the new registers
agent and/or the new registered office address here:	S. A. S. Color of Col	the new registere
		2025
Name of New Registered Agent:		
New Parkers 1005 and 1		1
New Registered Office Address:	r Florida street address	<u> </u>
E/III	·	ייַם ני <u>ס</u>
City	, Florida	
New Registered Agent's Signature, if changing Registered Agent:	÷ ő	to Coule
is well were result a signature, it changing Registered Agent:	•	j

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.

Mar 03 23, 06:29p

GOOD DAY TAX

4074403122

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	Membe

Title	Name	Address	Type of Action
			□Add
			□Remove
			□Add
			□Remove
			Change
			□Add
			□Change
	-		DAdd
			□Remoye
			☐ Change
			
			Remove
			□ Change
	4500		CJAdd
			□Remove
			[I] Change

MARCH 3	<u> </u>	nation, enter change(s) here: (Attach additional sheets, if necessary.)
Effective date, if other than the date of filing: If an effective date is listed, the care must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0200. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as idecument's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (a) The 90th day after the red is filed. Dated MARCH 3 2023 Signature of a mean of authorized representative of a mention.		
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	Dated	2023
AZMOUZ GONZALEZ, JORGE R		Signature of a member of authorized representative of a member
		AZMOUZ GONZALEZ JORGE R

Filing Fee: \$25.00