# L23000025055

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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stral Instructions to Filing Officer:
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J. HORNE FEB 20 2023
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#### **COVER LETTER**

Division of Cor			•	
AZLINK I SUBJECT:	LLC			
300,001,	Name of Lim	ited Liability Company	<del></del>	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	ZAINAB KHAN			
	<del> </del>	Name of Person		
	AZLINK LLC			
		Firm/Company		
1200 BRICKELL AVENEUE, SUITE 800				
		Address		
	MIAMI, FL 33131			
		City/State and Zip Code	<del></del>	
	razat83@gmail.com		<u> </u>	
		to be used for future annual report notif	ication)	
For further information of	concerning this matter, please c	all:		
ZAINAB KHAN		713 320-8786		R. 1
Name o	r Person		: Telephone Number	RECEIVE 2023 FEB 17 PHI
Enclosed is a check for t	he following amount:			PC PR
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filin  Certificate of Certified Contact (additional contact)	ig Fee. 💍 📆 🗖

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



Department of State Division of Corporations

Date: 2/17/2023

American Expediting (Stealth Courier) 1531 Commonwealth Business Dr. Ste 105 Tallahassee, Fl. 32303 850-294-5632

## **Stealth Courier Box**

Company:Azlink

Requester: Zainab Khan

Order: 14482787



Department of State Division of Corporations Date: 2/17/2023

American Expediting (Stealth Courier) 1531 Commonwealth Business Dr. Ste 105 Tallahassee, Fl. 32303 850-294-5632

## **Stealth Courier Box**

Company:Azlink

Requester: Zainab Khan

Order: 14482787

#### **COVER LETTER**

TO:

**Registration Section** 

Tallahassee, FL 32314

Division of Cor	porations		
AZLINK I	LC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ZAINAB KHAN		
	·	Name of Person	<del> </del>
	AZLINK LLC		
		Firm/Company	<del></del>
	1200 BRICKELL AVENE	EUE, SUITE 800	
		Address	
	MIAMI, FL 33131		
	<u> </u>	City/State and Zip Code	
	razat83@gmail.com		<u> </u>
		to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
ZAINAB KHAN		713 320-8786 at ( )	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration S Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of I	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AZLINK 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 L	iability Company	were filed on 01/11/2023	and assigned
Florida document number L23000025055			
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	oility company here:	
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation '	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applie	able:	1200 BRICKELL AVENU	JE
(Principal office address MUST BE A STREE	ET ADDRESS)	SUITE 800	
		MIAMI, FL 33131	<u> </u>
Enter new mailing address, if applicable:		1200 BRICKELL AVENUE	
(Mailing address MAY BE A POST OFFICE	BOX)	SUITE 800	
<del></del>		MIAMI, FL 33131	
B. If amending the registered agent and/or ragent and/or the new registered office addressed Name of New Registered Agent:			
New Registered Office Address:	1200 BRICKE	LL AVENUE, SUITE 800	
	Enter Florida street uddress		
	MIAMI		, Florida 33131 Zip Code
		City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as regibeing filed to merely reflect a change in the company has been notified in writing of this	er and complete stered agent as pregistered office	performance of my dutie provided for in Chapter 6	s, and I am familiar with and 05, F.S. Or, if this document is

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

Title	Name	<u>Address</u>	Type of Action
AMBR	TAHIR, RAZA		
			\ \equiv \qua  \equiv  \equiv   \equiv   \equiv    \equiv
			Change
AMBR	RAZA, TAHIR	1200 BRICKELL AVENUE	
		SUITE 800	Remove
		MIAMI, FL 33131	Change
<del></del>			🗆 Add
			Remove
			Change
<del></del>			
			□Remove
			Change
			□Add
		<del></del>	Change
			□Remove
			□Change

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Effecti	ve date, if other than the date of filing: (ontional)
If an effe	ve date, if other than the date of filing:
	ent's effective date on the Department of State's records.
ne record ord is fil	I 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
na is m	
Dated	FEBRUAY 16 2023
	1
	Johnfash
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00