L23000172490

(Requesto	or's Name)
(Address)	
(Address)	<u> </u>
(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Documer	it Number)
Certified Copies	Certificates of Status
Special Instructions to Filing (Officer:
	•

Office Use Only



500430588465

06/04/24--01005--005 **55.00



COVER LETTER

Divis	ion of Corpo	rations				
SUBJECT: _	B1258	ZEWAY Name	ASSE	TS LUC		
		Name	of Limited Li	ibility Company		
The enclosed A	Articles of An	nendment and fee(s) a	re submittec	for filing.		
Please return a	li correspond	ence concerning this	natter to the	following:		
			اماد		wO.	
		<u> </u>	E W.P	HUUIPS Name of Person	<u> </u>	
		BREEZ	EMA,	1 ASSET	TS	LLC_
				Firm/Company		
		2311 CL	PPER	PL		
			· · · · · · · · · · · · · · · · · · ·	Address		
		FORT L	AUD	ENDALE /State and //ip Code /SSETS (, FL	33312
		00667	City	/State and Zip Code	· (• • •	0.1 0.1
		13128 tEV	dress: (to be u	sed for future annual re	coort polification	HIL. COM
For further inf	ormation con	cerning this matter, pl			· · · · · · · · · · · · · · · · · · ·	,
EUGEN	15 PH	HULPS		at (954)_2	448.	6985
	Name of Po	erson		Area Code	Daytime Tele	ephone Number
Enclosed is a c	heck for the t	following amount:				
□ \$25.00 Fil	ing Fee	□ \$30.00 Filing Fee Certificate of Sta		\$55.00 Filing Fee & Certified Copy (additional copy is enclo		☐ S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

BREEZEWAY			_	
(Name of the Limit	ted Liability Compa (A Florida Limited	ny ns it now apper Liability Company)	rs on our records.)	
The Articles of Organization for this Limited L Florida document number <u>L2300017</u>	iability Company 2490	were filed on	5 5 23	and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o				
N H The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the	designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applic	NA			
(Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		NA		
B. If amending the registered agent and/or ragent and/or the new registered office addre		address on our	records, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:	NA			
New Registered Office Address:		Enter Flo	rida 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 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	LINDA LUGAN	327 HOPE BAY LUDP	X\dd
		APOLLO BEACH, FL 335	72 □Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			🗀 Add
			□Remove
			□Change
			🗆 Add
		□Remove	
			Change
	<u> </u>		□Add
			Remove
			□Change

NA						_
						_
						_
			·· 			
						_
						_
			-			
		+				
					· · · · · =	_
						_
						
				·		_
						_
						_
						_
		مام	5/04			
ective date, if other effective date is listed te: If the date insert cument's effective da	ed in this block doe	es not meet the app	olicable statutory fi	more than 90 days after	ional) er filing.) Pursuant to 6 iis date will not be li	05.020 isted a
cord specifies a dela s filed.	yed effective date, b	but not an effectiv	e time, at 12:01 a.r	n. on the earlier of: (b) The 90th day af	fter th
cd 5 30 2	_4	. 202	<u>1</u> .			
	- ugen	· W. F	uthorized tepresental	٠.		
	Signatu	ire of a member or a	utnorized tepresentat	ive of a member		