L23000201827

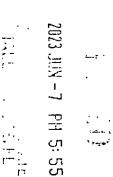
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(Document Number)
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COVER LETTER

TO:

TO:	Registration S Division of Co		·	
end ica		INTEGRAL LLC		
SUBJE	ul:	Name of Lim	ited Liability Company	
The encl	losed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
		ondence concerning this matter	•	
		AZALEA ESQUERRE		
			Name of Person	·
		AZALEA INTEGRAL LL	С	
			Firm/Company	
		8450 NW 102ND AVE NO	D. 303	
	Address			
		DORAL, FL 33178		
			City/State and Zip Code	
		AZALEAESQUERRE@GI		
			to be used for future annual report notificati	on)
For furth	er information	concerning this matter, please c	all:	
AZALE	A ESQUERRE		786 661-8186 at ()	
	Name	of Person	Area Code Daytime Tel	ephone Number
Enclosed	is a check for t	the following amount:		
■ \$25.	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 Addre		Street Address: Registration Section	n
	Division of (Division of Corpor	
	P.O. Box 632	27	The Centre of Talla	ihassee
	Tallahassee,	FL 32314	2415 N. Monroe St	reet, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



AZALEA INTEGRAL LLC

2023 JUN - 7 PH 5: 55

(Name of the Limited Liability Co (A Florida Lim	ompany as it new appears on our recornited Liability Company)	<u>us.</u>),	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L23000202827</u>	pany were filed on 04/25/2023	and	l assigned
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 I	Liability Company," the designation "LLo	C" or the abbreviation	n "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>enter</u>	r the name of the	new registere
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street addre	us	<u>.</u>
	. F	lorida	
	City	Zip C	ode
New Registered Agent's Signature, if changing Registered Ag	ent:		

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
AMBR	AZALIA D. RIVAS	8450 NW 102ND AVE NO. 303	≡ Add
		DORAL, FL 33178	□Remove
			□Change
	<u></u>		□Add
			□Remove
			Change
			□Add
			□Remove
			Change
		<u> </u>	□Add
			□Remove
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			□Remove
			□ Change

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ect	ive date, if other than the date of filing:
n eff te:	ective 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 605.020' If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	ent's effective date on the Department of State's records.
cor	d 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
is fi	
ted	MAY 30 2023
	A Thursday of the same of the
	Signature of a member or authorized representative of a member
	AZALEA ESQUERRE

Filing Fee: \$25.00