L23000350321

(Re	equestor's Name)	
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COVER LETTER

TO: Registration S Division of Co		•	
_{subject:} Palon	na Azul LLC		
50BJEC1:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	David P. Dum		
	Paloma Azul	Name of Person	
	Palollia Azul	Firm/Company	
			55 TO 12 TO
	7572 Mona La		
		Address	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	San Diego, (
	accountc@am	City/State and Zip Code	2023 HOV -7 AM 9: 44 SELECTION OF STATE SELECTION Pation)
	accounts@am	to be used for future annual report notific	ration) FA F
For further information c	concerning this matter, please c	all:	
David P. Dur	mas	ar, 858 \ 350-473	0
	of Person		Felephone Number
Enclosed is a check for t	he following amount:		
☑ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55,00 Filing Fee &	☐ \$60.00 Filing Fee,
is observed in the second	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration 3		Street Address: Registration Sect	ion
Division of C		Division of Corp	orations
P.O. Box 632 Tallahassee,		The Centre of Ta 2415 N. Monroe	
		Tallahassee, FL 3	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Paloma Azul LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our reco (Liability Company)	rds.)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L23000350321</u>	y were filed on <u>07/25/23</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	odity Company," the designation "LI	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		T 23
(Principal office address MUST BE A STREET ADDRESS)		0
		SSC III
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		· · ·
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, ente	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street addre	W.S.
<u></u>		lorida
	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
MGR	David P. Dumas	7572 Mona Lane	⊴ Add
		San Diego, CA 92130	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			Add SCO Allove
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Tective date, if other than the confective date is listed, the date must stee: If the date inserted in this blocument's effective date on the Department.	be specific and cannot be prior to ak does not meet the applicable	date of filing or more than 90 day	
ecord specifies a delayed effective is filed.	date, but not an effective time	e, at 12:01 a.m. on the earlier	of: (b) The 90th day after the
october 30			
David K	Signature of a member or authorize	red representative of a member	
		g	
David P. Dum	20		

Filing Fee: \$25.00