L23000354834

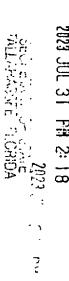
(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filling Officer.

Office Use Only



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3 ROBERTS

CORPORATE ACCESS, _

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida-32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

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XX	FILING	LLC AMEND	
	AZFS LLC		
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COVER LETTER

Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing.	
SUBJECT: AZFS LLC	
Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Alla Trost	
Name of Person	
AZFS KLC	
Firm/Company	
21569 Halstead Dr	
Address	
Boca Raton, Fh 334018	
City/State and Zip Code	
E-mail address: (to be used for further annual report notification)	
Mo Tout	
at (56) 86d + 610	_
Name in reason	
Enclosed is a check for the following amount:	
\$25,00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \$\Bigcup \$55.00 Filing Fee & \$\Bigcup \$60.00 Filing Fee	Status &

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

AZFSLAG	
(Name of the Limited Liability Company as if (A Florida Limited Liability	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were f Florida document number <u>L2300354834</u>	Till sath sons
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability co	mpany here:
The new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	71
(Principal office address MUST BE A STREET ADDRESS)	در) .)
	.
Enter new mailing address, if applicable:	
(Muiling address MAY BE A POST OFFICE BOX)	ـــــــــــــــــــــــــــــــــــــ
B. If amending the registered agent and/or registered office acregistered agent and/or the new registered office address here:	ldress on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
Cit	y 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
YGR	Alla Trost	215	Address 69 Halstead Dr. Boca R FL 33428	OJON OJON
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If an effective on the original of the origina	tate, if other than the date of filing:	5.020 ted a
ne record s The 90th	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earling and after the record is filed.	ier a
Dated		
_	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00