Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000344440 3)))



H240003444403ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: ELLISON LAZENBY PLLC

Account Number : I20150000059

Phone

: (727)362-6151

Fax Number : (727)362-6131

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

គ្នីគេដីទ្រីឝីddress:<u>admin@elattorneys.com</u>

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AZAR GROUP DREW LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

To:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AZAR GROUP DREW LLC						
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our recor liability Company)	·ds.)				
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000468009</u> .	were filed on 10/11/2023	and assigned				
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	ility company here:					
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "I.I.	C" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>				
		PSSE 5				
Enter new mailing address, if applicable:	4-14	mc - 11				
(Mailing address MAY BE A POST OFFICE BOX)		2: 31 Logida				
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>ente</u>	r the name of the new register				
Name of New Registered Agent:						
New Registered Office Address:	Enter Florida street addri	955				
	, F	lorida				
New Registered Agent's Signature, if changing Registered Agent:						
I hereby accept the appointment as registered agent and agrouped provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as publication for the registered office company has been notified in writing of this change.	performance of my duties, a provided for in Chapter 605	and I am familiar with and , F.S. Or, if this document is				
If Char	ging Registered Agent, Signature	of New Registered Agent				

From: William Lazenby Fax: +17273625151 To: Fax: +18506176383 Page: 3 of 4 10/15/2024 7:49 AM

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

H24000344440 3

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Marjan Youssef	2010 N POINTE ALEXIS DRIVE	□∧dd
		TARPON SPRINGS, FL 34689 FL	■ Remove
			Change
	W-1774-2-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		□Add
			□Remove
			□Change
		<u> </u>	□ Remove
			Change
*****			□Add
		⊟ Remove	
			Change
			□Add
			Remove
			Change
			□Add
			Remove
			□Change

To:

From: William Lazenby

October 14

•							
•				· · · · · · · · · · · · · · · · · · ·			
						· · · · · · · · · · · · · · · · · · ·	
•							
-							
-		· · · · · · · · · · · · · · · · · · ·	- 				
					<u></u>		
					₹.	20	
-	· · · · · · · · · · · · · · · · · · ·		 	•		2824 OC	4
-					AS AS	<u> </u>	_
-			·	· · ·	<u> </u>	2	,
_			_		± Evi	-	-
-					0810	2: 3	`
-					——————————————————————————————————————	<u></u>	
_							
n cfl <u>te:</u>	ve date, if other than the date of f ective date is listed, the date must be specific if the date inserted in this block does r ent's effective date on the Department	c and cannot be prior to not meet the applica	o date of filing or m ble statutory filing	ore than 90 days af	otional) fer filing.) Pursu his date will no	ant to 605.02 of be listed	120° Has

Signature of a member or authorized representative of a member

Michael Anthony Deib (Y) I CHAEL DEIB

2024

Typed or printed name of signee