L23000558877

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H24000264309 3)))

H24000264309ABC/

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CDS TAX SOLUTIONS INC
Account Number : I20210000044
Phone : (786)470-6123
Fax Number : (786)373-1861

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

Email Address: _____

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2024 AUG -6 PM 3:21
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
2024 AUG 13 AM 9:16
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TALLAHASSEE, FL

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

AZUL HORIZONTE LLC

Certificate of Status	0
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K. HUNT
08/13/24

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H24000264309 3)))

AZUL HORIZONTE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/20/2023 and assigned Florida document number L23000559877.

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 Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

5042 NW 114 CT
DORAL, FL 33178

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

5042 NW 114 CT
DORAL, FL 33178

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: CRISTIAN URZUA

New Registered Office Address: 5042 NW 114 CT
Enter Florida street address

DORAL, Florida 33178
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.

Cristian Urzua

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:

(((H24000264309 3)))

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	CRISTIAN URZUA	5042 NW 114 CT	■ Add
		DORAL, FL 33178	☐ Remove
			☐ Change
AMBR	MARIA RIVADENEIRA	5042 NW 114 CT	■ Add
		DORAL, FL 33178	☐ Remove
			☐ Change
AMBR	VALENTINA URZUA	5042 NW 114 CT	■ Add
		DORAL, FL 33178	☐ Remove
			☐ Change
MGR	Primenumbers Solutions LLC	1700 NW 97 AVE, 227594	☐ Add
		DORAL, FL 33172	■ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove

(((H24000264309 3)))

D. **If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

2024 AUG -6 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FL

E. **Effective date, if other than the date of filing:** _____ **(optional)**

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated AUGUST 6 . 2024 .

Cristian Urzua

Signature of a member or authorized representative of a member

CRISTIAN URZUA

Typed or printed name of signee