

## L240000 47219

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## **COVER LETTER**

	Registration Division of C			
0.00	AZLOA			
SUBJEC	Л: <u></u>	Name of Lin	nited Liability Company	
The encl	osed Articles	of Amendment and fee(s) are sul	bmitted for filing.	
Please re	eturn all corres	spondence concerning this matter	to the following:	
		EMILY K VU		
		<del></del>	Name of Person	
		AZLOAN LLC		
			Firm/Company	
		2424 WHIPPOORWILL	CIR, SUITE 2	
			Address	
		SARASOTA, FL 34231		
		<del></del>	City/State and Zip Code	
		SUPPORT@AZLOAN.IO		
Car Grand	ar information		(to be used for future annual report no	tification)
		n concerning this matter, please of		
EMILY	K VU		941 928-0368 at ()	
	Nam	e of Person	Area Code Daytii	me Telephone Number
Enclosed	l is a check fo	r the following amount:		
<b>■</b> \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section		<u>Street Address:</u> Registration So		
Division of Corporations			Division of Corporations The Centre of Tallahassee	
	P.O. Box 6. Tallahassee			rananassee be Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AZLOAN LLC				
(Name of the Limit	ed Liability Compa (A Florida Limited)	ny as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited L. Florida document number L24000047219	iability Company	were filed on JAN 25, 20	24	and assigned
This amendment is submitted to amend the following	owing:			
a. If amending name, enter the new name o	f the limited liab	ility company here:		
he new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation	"LLC" or the abbi	reviation "L.L.C."
Inter new principal offices address, if applic	able:	2424 WHIPPOORWILL	. CIR	
(Principal office address MUST BE A STREET ADDRESS)		SUITE 2		
		SARASOTA, FL 34231	<u></u>	207
Enter new mailing address, if applicable:				7- 1 1 - 2074 DEC 1-1
Mailing address MAY BE A POST OFFICE BOX)			50% Sec. 20%	<u> </u>
3. If amending the registered agent and/or r gent and/or the new registered office addre		address on our records,		<u>က်</u>
Name of New Registered Agent:	EMILY K VU			
New Registered Office Address:	2424 WHIPPO	ORWILL CIR, SUITE 2		
		Enter Florida street	address	
	SARASOTA.		_, Florida <u></u>	31
		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 PHAM	4411 BEE RIDGE RD. #633, SARASOTA, FL 342.	33 □ Add
			<b>≡</b> Remove
			□ Change
MGR EMILY K VU	EMILY K VU	2424 WHIPPOORWILL CIR, STF 2, SARASOTA.	
			🗆 Remove
			□Change
<del></del>			🗖 Add
			□Remove
			□Change
			DAdd
			□Remove
			□Change
			DAdd
			□Remove
			□Change
			DAdd
			□Remove
			□ Change

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(If an effecti Note: If t	date, if other than the date of filing:
the record sport is the sport of the sport is filed.	necifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	CC 5
	Signature of a member of authorized representative of a member
	EMILY K VU
	Typed or printed name of signee

E. 635.00