L24000210855

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
AU6 14 2024

Office Use Only



800434692148





CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

172 Fonder's Printing - Thomissiste GA MCC

AMARILLOAZUL INVESTMENTS LLC	·
Please Debit FCA000000003 For: 25	
Thank you Seth Neeley	
1401	A delta Ch
- Holy	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art, of Amend, File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
,	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
Signature	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
· · · · · · · · · · · · · · · · · · ·	UCC 11 Search
Name Date Time	UCC II Retrieval
Walk-In Will Pick Up	Courier

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2024 AUG 13 AM11: 01

AMARILLOAZUL INVESTMENTS 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 L Florida document number		were filed on	06/14/2024	and assigned
This amendment is submitted to amend the following				
A. If amending name, enter the new name of	of the limited liabi	lity company hero	:	
N/A				
The new name must be distinguishable and contain the v	words "Limited Liabil	ity Company," the des	gnation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applie	cable:	N/A		
(Principal office address MUST BE A STREI	ET ADDRESS)			
				
		N77.		
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	BOX)			<u>-</u>
			-	
B. If amending the registered agent and/or	registered office a	ddress on our rec	ords, <u>enter the nam</u>	e of the new registered
agent and/or the new registered office addr	<u>ess nere</u> :			
Name of New Registered Agent:	N/A			
-	 N/A			
New Registered Office Address:		Enter Florid	a street address	
			Florida	
	-	City	, , , , , , , , ,	Zip Code
New Registered Agent's Signature, if changing l	Registered Agent:			
I hereby accept the appointment as registere provisions of all statutes relative to the prop- accept the obligations of my position as reg- being filed to merely reflect a change in the company has been notified in writing of this	per and complete istered agent as p registered office	performance of m provided for in Ch	y duties, and I am j apter 605, F.S. Or,	familiar with and if this document is
	If Chan	ging Registered Agen	t, Signature of New Re	ristered 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
AMBR	Ronald Richard Arias Ortiz	333 SE 2ND AVE SUITE 2000	■Add
		MIAMI, FL 33131	_
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
		-t	Remove
			□Change
		<u></u>	□Add
			□Remove
			□Change
			□Add
			☐ Remove
			□Change

				•	
711					_
				-	
					_
					_

					_
10-10-10-10					<u>—</u>
		N/A			
Tective date, if other to the effective date is listed, the tote: If the date inserted cument's effective date	e date must be specific as in this block does not	nd cannot be prior to date o meet the applicable sta	f filing or more than 90 tutory filing requirem	(optional) days after filing.) Pursuant to the lents, this date will not be	505.0207 listed as
ecord specifies a delaye is filed.	d effective date, but no	ot an effective time, at 1	2:01 a.m. on the earli	er of: (b) The 90th day at	ier the
tedJULY 23		2024			
tea		1 ^	Λ		
led		I lum (um)			

Typed or printed name of signee