## L24000383722

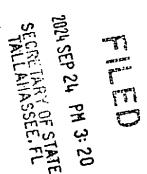
(Requestor's Name)	
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(Document Number)	_
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## **COVER LETTER**

TO:

Tallahassee, FL 32314

	Registration Se Division of Cor			
SUBJEC"	r: <u> </u>	Name of Limi	Awen	
		Name of Limi	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please reti	urn all correspo	ondence concerning this matter	to the following:	
		_ des S	Qchan Name of Person	
		W LUIAS HA	Firm/Company	<u> </u>
		35 Slumber	and Path Address	
		Palm-court	City/State and Zip Code	
		Lechan baz (a	Simul . Lom to be used for future annual report notifie	fication)
For furthe	r information c	oncerning this matter, please ca		
deis	a Soci	nan	at (386) 882- Area Code Daytim	0337
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	0 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)
_	lailing Addres		Street Address:	ation.
	Registration S Division of C		Registration Sec Division of Cor	
	P.O. Box 632	•	The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Azulas Happy Haven	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L24 000 383 722</u> .	1 1
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	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	Same
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	Same
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registere</u>
Name of New Registered Agent:	
New Registered Office Address:	_
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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

Title	Name	Address	Type of Action
	Levra Sochan	35 Sturrbarland Path Palm (a	aot Madd
		<u> </u>	□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			🗆 Remove
			DChange
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
	<del></del>		□Add
			□Remove
			∏ Change

	I only need to add my name as an
•	· · · · · · · · · · · · · · · · · · ·
	authorize person to open a business account.
-	
-	
-	
-	
-	
•	
ffect	ive data if other than the date of filing:  (ontional)
Note:	ive date, if other than the date of filing:
recoi d is fi	rd 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 led.
ated	9/17/2024
	0
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	LEISH SOCHAN Typed or printed name of signee

.

Filing Fee: \$25.00