L24000416432

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COVER LETTER

Division of Co	rporations				
	ESTMENTS USA, LLC				
SUBJECT: Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	MANUELA HERRERA				
		Name of Person			
		Firm/Company			
	200 S. PARK RD. STE 301				
		Address			
	HOLLYWOOD, FL 3302				
		City/State and Zip Code			
	E-mail address: (to be used for future annual report notif	cation)		
For further information of	concerning this matter, please ca	all:			
ORLANDO GAMARRA 305 651-0497					
Name e	of Person	at () Area Code Daytime	Telephone Number		
Enclosed is a check for t	he following amount:				
\$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:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A Z F INVESTMENT USA, 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 $\frac{09/24/2024}{1}$ _____ and assigned Florida document number 1.24000416432 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 200 S. PARK RD. SUITE 301 Enter new mailing address, if applicable: HOLLYWOOD: FL 33021 (Mailing address MAY BE A POST_OFFICE BOX) 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: New Registered Office Address: Enter Florida street address _. Florida ___ CuvNew 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	A Z F INVESTMENTS L.L.C.	Office 351-055 of Mamoun Abdel Mutaal Abdalla	= Add
		Dubai Investment Park First, PO Box 9562	□Remove
		Dubai, United Arab Emerates	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		****	□ Add
		• • • • • • • • • • • • • • • • • • •	Change



Filing Fee: \$25.00