

M16000004223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

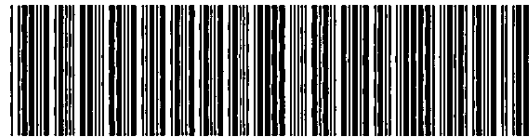
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2017 JUN 12 P 5:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
JUN 13 2017

COVER LETTER

TO: , Registration Section
Division of Corporations

SUBJECT: Azur Consulting LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Luis Felipe San Martin

Name of Person

Azur Consulting LLC

Firm/Company

1001 Brickell Bay Drive #2730

Address

Miami, FL 33131

City/State and Zip Code

lf-sanmartin@azur-nyc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Luis Felipe San Martin at (617) 7103837

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 JUN 12 P 5:14

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Azur Consulting LLC

Enter new principal office address, if applicable: 251 Fifth Avenue, 4th floor

(Principal office address

MUST BE A STREET ADDRESS)

New York

NY, 10016

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

1001 Brickell Bay Drive #2730

Miami

FL, 33131

2. The Florida document number of this limited liability company is: M16000004223

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 05/26/2016

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: Luis Felipe San Martin

New Registered Office Address: 1001 Brickell Bay Drive #2730

Enter Florida Street Address

Miami

City

Florida

33131

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

2017 JUN 12 10:51 AM
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SECRETARY OF STATE
TALLAHASSEE
FLORIDA

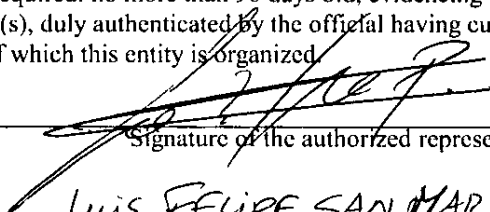
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

One owner's name was misspelled and the other owner was missing

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Alex Horovitz</u>	<u>251 Fifth Avenue 4th floor</u>	<input type="checkbox"/> Add
		<u>New York, NY 10016</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Alejandro Isaac Horvitz</u>	<u>251 Fifth Avenue, 4th Floor</u>	<input checked="" type="checkbox"/> Add
		<u>New York, NY 10016</u>	<input type="checkbox"/> Remove
<u>MGR</u>	<u>Sigal Mark</u>	<u>251 Fifth Avenue, 4th Floor</u>	<input checked="" type="checkbox"/> Add
		<u>New York, NY 10016</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

Luis FELIPE SAN MARTIN

Typed or printed name of signee

Filing Fee: \$25.00

CERTIFICATE OF INCUMBENCY

The undersigned, IRA D. GANZFRIED, CPA, the outside accountant for AZUR CONSULTING, LLC, a limited liability company duly organized and authorized to do business in the State of New York, with a principal office for the transaction of business at, 251 Fifth Avenue, New York (the "Company") hereby certifies that the following are the members and managers of said Company:

<u>Name and Address of Members</u>	<u>Interest Owned</u>
Alejandro Isaac Horvitz C/O LLC	90%
Sigal Mark C/O LLC	10%

The undersigned further certifies that pursuant to a unanimous consent by the Members of the Company, each member, individually is empowered to execute documents related to banking and business in which the Company may engage.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Incumbency as of the 2nd day of June, 2017, acknowledging that the recipient will rely upon the same in conjunction with making other financial accommodations in favor of the aforesaid Company.

IRA D. GANZFRIED, CPA

By: 

Ira D. Ganzfried
Managing Partner

STATE OF NEW YORK)
)ss.:
COUNTY OF NEW YORK

On the 2nd day of June in the year 2017 before me, the undersigned, a Notary Public in and for said state, personally appeared IRA D. GANZFRIED, CPA, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his capacity, and that by his signature on the instrument, the individual, or person upon behalf of which the individual acted, executed the instrument.

JILL LEVY REITER
Notary Public State of New York
No. 02RE4828080
Qualified in Westchester County
Commission Expires October 31, 2019


Notary Public