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(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer: A. LUNT
,	AUG -3 2010
	EXAMINER

Office Use Only



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2010 AUG -2 PM 2: 24

COVER LETTER

TO: Re	gistration Section vision of Corporations		
SUBJECT	MZL SOLUTIONS LLC		
SUBJECT.	Name of Limited Liability Company		
The enclose	d Articles of Amendment and fee(s) are submitted for filing.		
Please retur	n all correspondence concerning this matter to the following:		
	Name of Person		
	MZL SOLUTIONS LLC		
	Firm/Company	72	
	1680 MICHIGAN AVENUE SUITE 1024	2010 AUG SECRET	-
	Address	-2 ARY SSE	m
	MIAMI BEACH, FLORIDA 33139		
	City/State and Zip Code	PH 2: 24 Br SIATE E. FLORIBI	
	NBENDERSKY@GETAFFINITY.COM E-mail address: (to be used for future annual report notification)	55 C.J. ₹	
For further	information concerning this matter, please call:		
	NATALIA BENDERSKY		
	Name of Person Area Code & Daytime Telephone Number	•	
Enclosed is	a check for the following amount:		
\$25.00	(additional copy is enclosed) Certified	ite of Status &	ed)
	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	MZL SOLUTIONS LLC		
(Name of the Limited	d Liability Company as it now appea A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited L	iability Company were filed on	01/13/2010	and assigned
Florida document numberL1000000	4860		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name o	of the limited liability company he	<u>re</u> : 5	2018 A
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Comp	บ บ ก	LC" or the abbreviation
Enter new principal offices address, if appli	cable:		<u> </u>
(Principal office address MUST BE A STRE	ET ADDRESS)		STATE 21
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and registered agent and/or the new registered of		our records, <u>enter t</u>	he name of the nev
Name of New Registered Agent:			
New Registered Office Address:	21399 MARINA COVE CII	RCLE # M14 nter Florida street add	ress
	AVENTURA	, Florida	33180
	City	, riviida	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 608, 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 the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR'= Manager

MGRM = Managing Member **Address Title** Name Type of Action MGRM ALBERTO GALANTE 1680 MICHIGAN AVENUE □ Add **SUITE 1024** ✓ Remove MIAMI BEACH, FLORIDA 33139 ALBERTO GALANTE MGRM 21399 MARINA COVE CIRCLE # M14 Add AVENTURA, FLORIDA 33180 ☐ Remove SOFLA REAL ESTATE ASSETS MGRM 1680 MICHIGAN AVENUE CONSULTANTS LLC Remove SUITE 1024 MIAMI-BEACH, FLORIDA 33139 SOFLA REAL ESTATE ASSETS MGRM 21399 MARINA COVE CIRCLE # M14 CONSULTANTS LLC AVENTURA, FLORIDA 33180 Remove \Box Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary,) **JULY 30** 2010 Dated_ Signature of a member or authorized representative of a member ALBERTO GALANTE

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00