

L100000082613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

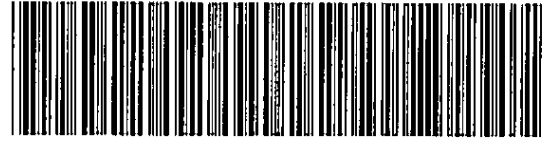
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800393950018

FILED
2022 SEP 16 AM 2:26
CLERK OF STATE
TALLAHASSEE, FL

09:16:33--01021--001--26.0

SEP 16 2022
R. HUNT

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MZ&PR COMPANY, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MAREK ZUMER

Name of Person

Firm/Company

4101 WINNERS CIRCLE, APT 126

Address

SARASOTA, FL 34238

City/State and Zip Code

mzpcompany@yahoo.com

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

For further information concerning this matter, please call:

MAREK ZUMER

Name of Person

at (404) 2711550

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

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

RECEIVED
TALLAHASSEE, FL
MAY 16 AM 2:26

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

MZ&PR COMPANY, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

CLERK OF STATE
TALLAHASSEE, FL

2022 SEP 16 AM 2:26

FILED

The Articles of Organization for this Limited Liability Company were filed on 08/06/2016 and assigned
Florida document number L10000082613.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MMZ RENOVATIONS LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address **MUST BE A STREET ADDRESS**)

4101 Winners Circle, APT 126
Sarasota, FL 34238

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

4101 WINNERS CIRCLE, APT 126
SARASOTA, FL 34238

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 _____

City

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

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Margaret C Urdaneta	4101 WINNERS CIRCLE, APT 126, SARASOTA, FL	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 2022
 AM 8:26
 CLERK OF STATE
 TALLAHASSEE, FL

