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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Se Division of Cor			
Bizzpro Wi	reless LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Stephanie Zumbahlen		
		Name of Person	
	Bizzpro Wireless LLC		
		Firm/Company	
	2163 Waterside Drive		
		Address	
	Clearwater, FL 33764		
		City/State and Zip Code	
	bizzprowireless@gmail.con		<u></u>
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
Stephanie Zumbahlen		727 551-1090 at ()	
Name o	f Person	Area Code Daytimo	Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fec	☐ \$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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bizzpro Wireless LLC		
(Name of the Limited Liabil (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability O	Company were filed on 03/24/2016	and assigned
Florida document number L16000060038	 ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
MSZ Global LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		<u>∓</u>
(Principal office address MUST BE A STREET ADDI	RESS)	8 LLA
		HATE HATE
		SER CALL
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		OR P
		MQ R
B. If amending the registered agent and/or registered agent and/or the new registered office add		the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	, Florida	
	City	7ip 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>	Address	Type of Action
			
			☐ Remove
		·	Change
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	than the date of filing: te date must be specific and cannot be prior to date of filing or mo	(optional) ore than 90 days after filing.) Pursuant to 605.020
ote: If the date inserted	in this block does not meet the applicable statutory filing on the Department of State's records.	
record specifies a The 90th day after	delayed effective date, but not an effective ti the record is filed.	me, at 12:01 a.m. on the earlier
June 11 ted	2018	
	VI-011	

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Typed or printed name of signee

Filing Fee: \$25.00