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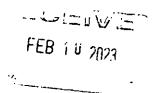
(Requestor's Name)
(Address)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:
(Address)
(City/State/Zip/Phone #)
☐ PICK-UP ☐ WAIT ☐ MAIL
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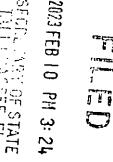
Office Use Only



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COVER LETTER

TO: Registratio Division of	n Section Corporations		
	NTERPRISES LLC		
SUBJECT:	Name of Li	mited Liability Company	
The enclosed Article	s of Amendment and fee(s) are su	ibmitted for filing.	
	espondence concerning this matte	•	
	MICHAEL B ALCANTA	ARA	
		Name of Person	
	MBZ ENTERPRISES LI	LC	
		Firm/Company	
	471 NORTH PINE ISLA	ND ROAD STE 203D	20 S.I.
		Address	23 FEI
	PLANTATION FLORID	OA 33324	2023 FEB 10 SEGRATASA TALLASA
		City/State and Zip Code	
	JIMENEZACCOUNTING	G@GMAIL.COM	PH 3
	E-mail address	(to be used for future annual report notification)	PH 3: 24 OF STATE SEE, FL
For further information	on concerning this matter, please	call:	₩ ₩
MICHAEL B ALCA	NTARA	954 496-3915	
Nai	me of Person	at () Area Code Daytime Telephone N	umber
Enclosed is a check f	or the following amount:		
■ \$25.00 Filing Fe	c □ \$30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Cer	.00 Filing Fee, rtificate of Status & rtified Copy fitional copy is enclosed)
_	dress: on Section of Corporations	Street Address: Registration Section Division of Corporations	
P.O. Box		The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MBZ ENTERPRISES LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our Liability Company)	records.)
e Articles of Organization for this Limited Liability Company were filed on		and assigned
lorida document number		
nis amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liah	oility company here:	
e new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation	
nter new principal offices address, if applicable:		2023 SEC
Principal office address MUST BE A STREET ADDRESS)		
nter new mailing address, if applicable:		SEE'S BH 3:
Mailing address MAY BE A POST OFFICE BOX)		
		ਜਾਂ ਵ
. If amending the registered agent and/or registered office gent and/or the new registered office address here: Name of New Registered Agent:	address on our records.	enter the name of the new regist
New Registered Office Address:		
New Registered Office Address.	Enter Florida stree	1 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>	Type of Action
MGR	MICHAEL B ALCANTARA	471 NORTH PINE ISLAND ROAD STE 203D	□Add
		PLANTATION FLORIDA 33324	Remove
			□Change
AMBR	MICHAEL B ALCANTARA	471 NORTH PINE ISLAND ROAD STE 203D	= Add
		PLANTATION FLORIDA 33324	□Remove
			□Change
			□Add
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	te of filing:	ate of filing or more than 9	(optional) 0 days after filing.) Pr	ursuunt to 605.	
ective date, if other than the date effective date is listed, the date must be e: If the date inserted in this block ument's effective date on the Department.	does not meet the applicable			ll not be liste	. С. а.
effective date is listed, the date must be e: If the date inserted in this block ument's effective date on the Department specifies a delayed effective date.	does not meet the applicable rtment of State's records.	statutory filing require	ments, this date wi		
effective date is listed, the date must be e: If the date inserted in this block ument's effective date on the Depar- eord specifies a delayed effective da filed. FERRUARY 2ND	does not meet the applicable rtment of State's records.	statutory filing require	ments, this date wi	Oth day after	
effective date is listed, the date must be e: If the date inserted in this block ument's effective date on the Depar- eord specifies a delayed effective da e filed.	does not meet the applicable rtment of State's records. ate, but not an effective time,	statutory filing require	ments, this date wi	Oth day after	
effective date is listed, the date must be e: If the date inserted in this block ument's effective date on the Depart cord specifies a delayed effective date ifiled. EEBRUARY 2ND	does not meet the applicable rtment of State's records. ate, but not an effective time,	statutory filing require at 12:01 a.m. on the ear	rlier of: (b) The 9	Oth day after	

Filing Fee: \$25.00