L10000082083

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T. Burch FEB 2 7 4014.

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

MZ INVESTMENTS 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:

SIMONE OLIVEIRA

Name of Person

AMERICA EXPERT CORPORATION

Firm/Company

407 NW 10TH TERRACE

Address

HALLANDALE BEACH, FL 33009

City/State and Zip Code

simone@americaexpert.com

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

For further information concerning this matter, please call:

SIMONE OLIVEIRA

*...*305、824-91

Name of Person

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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MZ INVESTMENTS LLC		
(Name of the Limited Liability Comps (A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L10000082083</u> .	were filed on 08/05/2010	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
MBZ INVESTMENTS LLC		
The new name must be distinguishable and end with the words "Limited Liab	oility 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)		TAU, -4
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		EB 27 PH 1: 06 HASSEE, FLORID
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	ds
	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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Address Type of Action Title** Name | **OMAR HODGE BUILDING BELLATRIX SERVICES INC AMBR** ROAD TOWN, TORTOLA BVI Remove BVI - 00000 □ Add __ 🗆 Add __ 🗆 Remove __ 🗆 Add ☐ Remove ☐ Add ☐ Remove

Tective date, if other than the date e effective date must be specific, cannot be e date this document is filed by the Florida	prior to date of receipt or filed date	(optional) e and cannot be more than 90 days after
JANUARY 23	2014	
	Ans	
-	ature of a member or authorized re ROGNO/ ATHINA Typed or printed name	INTERNATIONAL CORP
	Typed or printed name	: Of signee
		,

Page 3 of 3

Filing Fee: \$25.00