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SECRETARY OF STATE IVISION OF CORPORATIO

JUN 17 2015

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MAZAKA ENTER PRISE, 12 C
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
TONY JOSEPH BENITA
MAZARA ENTERPRISE, LLC Firm/Company
40N.E. 21.5 St Address
MIAMILE 3179 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Bay TA J. TONY at 305 J44-0110 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Sade Status Status Scrifficate of Status Status Status Scriffied Copy (additional copy is enclosed) S25.00 Filing Fee Sade Status

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

AH 8: 26

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on <u>03/02/20/2</u> and assigned Florida document number <u>L 120 600 3048.6</u>
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
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)
· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:
Mailing address MAY BE A POST OFFICE BOX)
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: HOWK 215 Sharper Florida street address Enter Florida street address Mipmi' Fla , Florida 33 179
City , Florida Sylvy Zip Code
New Registered Agent's Signature, if changing Registered Agent:
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 desiment being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability of company has been notified in writing of this change.

Page 1 of 3

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 Title **Type of Action** <u>Name</u> Address HENGER FRANTZ CADET 40 NE. 215 ST ☐ Change □ Add □ Remove ☐ Change _□ Add ☐ Remove _□ Change _□ Add _□ Remove ☐ Change □ Add ☐ Remove ☐ Change ?

D. If am	. ending any other information, enter change(s) here: (Attach additional sheets, if necess	sary.)		
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<u>Note</u>	ffective date, if other than the date of filing: (option ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after file. If the date inserted in this block does not meet the applicable statutory filing requirements, this denent's effective date on the Department of State's records.	i al) ling.) Pursua late will no	nt to 605 i be liste	6.0207 (3)(ed as the
f the re (b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.r e 90th day after the record is filed.	m. on the	earlie	er of:
Dated	6/17/15	కొం	. ज	SIA16 3S
_ ~~	Bonita TTone	ECRE!	MUL	CRET
	Signature of a member or authorized representative of a member	HAN I	7	ARY F CO
	Tuna January Colons	- <mark>오</mark> 알-		ORPOR
	Typed or printed name of signee		: 26	ATE ATE

Page 3 of 3

Filing Fee: \$25.00