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SECRETARY OF STATE TALLAHASSEE, FLORIB

MAR 14 2016 S. YOUNG

COVER LETTER

TO:	Registration Sec Division of Corp				•	
SUBJE	MLZ Group	, LLC.				
SOBJE	<u>.</u>	Name of Lim	ited Liability Company	 		
		Amendment and fee(s) are sub	•			
		Miguel F. Mena				
Name of Person						
	MLZ Group, LLC.					
Firm/Company						
	9292 Wallien Dr.					
Address						i
Brooksville, FL 34601				16 HAR II PH	SECRI	
	City/State and Zip Code			·····	***	EZ-
		MFTMena@gmail.com	to be used for future annual report notifi	ontion)		SEC
For fur	ther information co	ncerning this matter, please c	•	canony	PH 3:	1. FLO
Migue	l F. Mena		954 598-3764		52	STEA STEA
·	Name of	Person		Telephone Number		
Enclose	ed is a check for the	e following amount:				
\$25	5.00 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 State Certified Copy (additional copy is enc		

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

MLZ Group, LLC.		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L12000063097	were filed on 5/10/2012	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
Headland Group, LLC.		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:	9292 Wallien Dr. Brooksville, FL 34601	-10
(Principal office address MUST BE A STREET ADDRESS)		6
nter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) nter new mailing address, if applicable: 9292 Wallien 9292 Wallien		R E
		二 公元
Enter new mailing address, if applicable:	9292 Wallien Dr. Brooksville, FL 34601	고 교육
(Mailing address MAY BE A POST OFFICE BOX)		3
		5 章
B. If amending the registered agent and/or registered oregistered agent and/or the new registered office address her	ffice address on our records, <u>enter th</u> <u>e</u> :	e name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	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 = M AMBR = A	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
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9292 Wallien Dr. Brooksville, FL 34601		
		
		
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If the date inserted in this block does not n	cannot be prior to date of filing or more than 90 days after filing.) neet the applicable statutory filing requirements, this date	Pursuant to 605 will not be list
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ecord specifies a delayed effective o	ate, but not an effective time, at 12:01 a.m. o	on the earli
e 90th day after the record is filed.		
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