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SECRETARY OF STATE

JAN 1 5 2016

S MASON

COVER LETTER

Division of Co			
M&Z MA SUBJECT:	NAGEMENT LLC		
30B3EC1;	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Muhammad Zoheb Bhojar	ni	
		Name of Person	
	M&Z MANAGEMENT L	LC	
		Firm/Company	
	225 WEST SR434 SUITE	202	
		Address	
	LONGWOOD, FL 32746		
		City/State and Zip Code	
	MZ.ORTHO@GMAIL.CO		
	E-mail address: (to be used for future annual report noti	fication)
For further information	concerning this matter, please ca	all:	
HANS KENNON, ESC	QUIRE	407 420-6686 at ()	
Name	of Person		e 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)
Regis Divisi P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M&Z MANAGEMENT LLC				
(<u>Name of the Lim</u>	ited Liability Compa (A Florida Limited	a <mark>ny as it now appear</mark> Liability Company)	s on our records.)	
The Articles of Organization for this Limited 1				and assigned
1 14000146803	Enablinty Company	were med on		and assigned
Florida document number L14000146803	··			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	oility company he	<u>re</u> :	
N/A				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the de	signation "LLC" or the abl	breviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A		
(Principal office address MUST BE A STREE	ET ADDRESS)	-		
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	ROX)			
The state of the s	BON			
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:			our records, enter	the name of the new
New Registered Office Address:	N/A			
New Registered Office Address:		Enter Flor	ida street address	

		City	, Florida	Zip Code
New Registered Agent's Signature, if changing	Registered Agents	•		•
		-		
I hereby accept the appointment as registers provisions of all statutes relative to the propaccept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	per and complete istered agent as p registered office	performance of provided for in C	my duties, and I am for hapter 605, F.S. Or sy confirm that the ling	amiliar with and If this document is
	If Cha	nging Registered Ag	ent, Signature of New Reg	istered Agen
	Page	1 of 3	SA	****

If affiending 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	ZAHRA SOONASRA	225 W. SR 434	_ Add
		SUITE 202	■ Remove
		LONGWOOD, FL 32750	☐ Change
MGR	MUHAMMAD ZOHEB BHOJAN	225 W. SR 434	Add
		SUITE 202	☐ Remove
		LONGWOOD, FL 32750	☐ Change
			Change
			☐ Remove
			Change
			
			□ Remove
			Change
			Remove Con Change ANN ANN ANN ANN ANN ANN ANN A
	Page	2 of 3	N I I A ID: 13 TARY OF STATE ASSEE, FLORID

N/A				
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			1 38 1	

Effective date, if other than the date of an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depar	does not meet the applic	able statutory filing r	(optional) than 90 days after filing.) Pursual equirements, this date will not	nt to 605.0207 (3)(i be listed as the
·				
e record specifies a delayed ef The 90th day after the record		ot an effective tim	ne, at 12:01 a.m. on the	earlier of:
Dated	, 2016	wknik/ ·-	Esquire of blo M. 21	11 - 12 - 14 to
Sign	nature of a member or author	orized representative of	a memilier	VI ANJ WENT
	E O/B/O M&Z MANA			

Page 3 of 3

Filing Fee: \$25.00

ZORETARY OF STATE