

L14000146803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

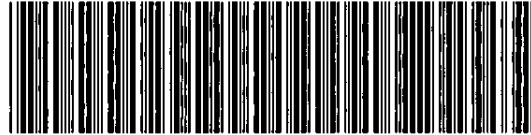
(Business Entity Name)

(Document Number)

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ALLAHASSEE, FLORIDA

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S MASON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: M&Z MANAGEMENT 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:

Muhammad Zoheb Bhojani

Name of Person

M&Z MANAGEMENT LLC

Firm/Company

225 WEST SR434 SUITE 202

Address

LONGWOOD, FL 32746

City/State and Zip Code

MZ.ORTHO@GMAIL.COM

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

For further information concerning this matter, please call:

HANS KENNON, ESQUIRE

Name of Person

407 420-6686
at ()
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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FLORIDA
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>	<u>Type of Action</u>
MGR	ZAHRA SOONASRA	225 W. SR 434	<input type="checkbox"/> Add
		SUITE 202	<input checked="" type="checkbox"/> Remove
		LONGWOOD, FL 32750	<input type="checkbox"/> Change
MGR	MUHAMMAD ZOHEB BHOJANI	225 W. SR 434	<input checked="" type="checkbox"/> Add
		SUITE 202	<input type="checkbox"/> Remove
		LONGWOOD, FL 32750	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

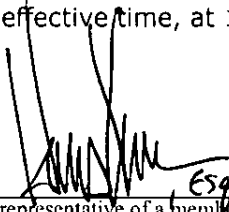
E. Effective date, if other than the date of filing: JANUARY 11, 2016 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated JANUARY 11, 2016


Signature of a member or authorized representative of a member

HANS KENNON, ESQUIRE O/B/O M&Z MANAGEMENT LLC

Typed or printed name of signee

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Filing Fee: \$25.00

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