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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MZM COOCHING SETVICES 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:
Michael Upshire Jr. Name of Person
MZM COCICHING Services LLC
1490 Sunshadow Dr. Suite 3030
Casselverry, FL 32707 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MICHGE/UPShire Tr. at (407) 969 2909 Name of Person Area Code Daytime Telephone Number
Englosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee,

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

(A L KAIGO 121	ance isamily pompuny
The Articles of Organization for this Limited Liability Com	pany were filed on 1/5/2010 and assigned
Florida document number <u>L100000274</u> L	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	I 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:	1490 Sunshadow Dr. Suite 2011
(Principal office address MUST BE A STREET ADDRES	so casselberry, FL 32707
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
registered agent and/or the new registered office address Name of New Registered Agent:	
New Registered Office Address: 1497	DSUNSHOOD Dr. Suite 2010 Enter Florida street address
<u>Cas</u> ;	Selberry, Florida 32707 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 t 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 = Manager AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
AMBR	Andrew S. Trexler	1490 Sunshadow Dr.	🗆 Add	
		Suite 2010	🗆 Remove	
		casselberry.FL 32707	Change	
<u>amb</u> r	marcus c. upshire	1490 sunshadow Dr.	DAdd	
		Suite 2010	□ Remove	
		casselberry, FL3270	7_□ Change	
		1, -1 57	Add	
			C Remove	
			Change	
				
			□ Remove	
			Change	
	-1		□ Add	
			Remove	
			Change	
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			Change	

	<u> </u>
(If an ef Note:	ive date, if other than the date of filing: 123,209 (optional) fective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the tent's effective date on the Department of State's records.
the re) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	April 23rd . 2019. Michael Up 1 Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	MIChael Upshire Tr. Typed or printed name of signee

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Filing Fee: \$25.00