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S. WARREN **NOV** 0 8 2017

## **COVER LETTER**

Div	ision of Corp	porations		
SUBJECT:	RZ Holding	s LLC		
SOBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of A	Amendment and fec(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Rolando Lopez		
			Name of Person	
		RZ Holdings LLC		
Firm/Company				<del></del>
		1101 E Cumberland Ave 3	01A	
Address				
		Tampa, FL 33602		
		rlopez@thecfoassociates.co	City/State and Zip Code om	
		E-mail address: (	to be used for future annual report notif	ication)
For further in	nformation co	oncerning this matter, please ca	all:	
Rolando Lop			813 481-0964 at ()	
	Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a	check for th	e following amount:		
<b>≘</b> \$25.00 F	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)

MAILING ADDRESS:

TO:

**Registration Section** 

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

RZ Holdings LLC		
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears ( a Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability ( Florida document number		9/29/2017 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here	<b>≧</b> :
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, enter the name of the new
Name of New Registered Agent:		
New Project and Office Address		
New Registered Office Address:	Enter Florid	a street address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and caccept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change.	complete performance of m igent as provided for in Ch ed office address, I hereby	y duties, and I am familiar with and apter 605, F.S. Or, if this document is
	If Changing Registered Ager	nt, Signature of New Registered Teent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Zack Alvarez	3919 Versailles Drive Tamer FL 33 634	
			Remove
			Change
MGR	Wesley Fuglesang	3331 Lake Saxon Drive, L Land O Lakes, FL 341034	
			Remove
			Change
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		<del></del>	🗆 Remove
			Change
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		9/29/2017			
	e date of filing:		of filing or more than 90	( <b>optional</b> ) days after filing.) Pursu	ant to 605.02
tive date, if other than the	ust be specific and ca	annot be prior to date (			at ha listad
tive date, if other than the thective date is listed, the date in this ment's effective date on the	block does not me	et the applicable sta	tutory filing requirem	ents, this date will no	ot oc fisica
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Filing Fee: \$25.00