L18000189324

(Requestor's Name) (Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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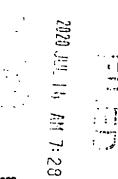


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AUG 2 4 2020

S. YOUNG

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

eus mer	MZ ME	N'S STORE, LLC	
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		MARITZA ZELAYA	
		Name of Person	
		MZ MEN'S STORE, LLC	
		Firm/Company	
		6300 ADAMS STREET	
		Address	
		HOLLYWOOD, FL 33023	
		City/State and Zip Code	
		mzelaya011@hotmail.com	
		to be used for future annual report no	otification)
For further information co	oncerning this matter, please c	aii;	
MARITZA	ZELAYA	305 at ()	244-8985
Name o	f Person	Area Code Dayt	ime Telephone Number
Enclosed is a check for th	ne 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)
Mailing Addres Registration S	<u>s:</u> Section	Street Address: Registration S	Section
Division of Corporations		Division of Corporations	
P.O. Box 632	7	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

	MZ MEN'S STORE, LLC		
(Name of the Limi	ted Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.	7021
	(Control of the Control of the Contr		
The Articles of Organization for this Limited L	iability Company were filed on	08/07/2018	and assigned
Florida document number L180001893	24		and assigned
This amendment is submitted to amend the following	owing:		至一
A. If amending name, enter the new name of	f the limited liability company he	re:	28
The new name must be distinguishable and contain the v	words "Limited Liability Company," the de	esignation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applied	rable:		
(Principal office address MUST BE A STREE	ET ADDRESS)	·	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addre		cords, <u>enter the nan</u>	ie of the new registered
	······································		
Name of New Registered Agent:			
			-
New Registered Office Address:	Enter Flori	da street address	
		, Florida	
	Cuy	, Fiorida	Zıp Code
New Registered Agent's Signature, if changing	Registered Agent:		

Thereby 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 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
MGR	Kenia Maritza Castro	6300 Adam Street, Hollywood FL 33023	= Add
			□Remove
			🗆 🗅 Add
			□Remove
			□Change
·			🗆 🗅 Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			🗆 Add
			□Remove
			□ Change
			DAdd
			□Remove
			□ Change

. Ifan	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
(If an o	ctive date, if other than the date of filing:
he reco	ord 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 filed.
Date	07/15/2020
	Moutza zelan
	Stenature of a member or authorized representative of a member
	MARITZA ZELAYA Typed or printed name of signer

Filing Fee: \$25.00