

L18000275624

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

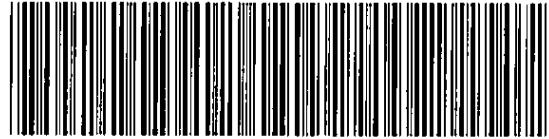
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200416345182

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2023 OCT 30 PM 12:40

RECEIVED
2023 OCT 30 PM 2:14
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

10/30/23

R. HUNT

10/30/23

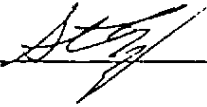
CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

MAZAL FLORIDA 4101 LLC

Please Debit FCA000000003 For: 30

Thank you Seth Neeley



Signature

Requested by: SETH

Name

Date

Time

Walk-In

Will Pick Up

174 Ponder & Printing - Tallahassee, FL 32301

Art of Inc. File _____
LTD Partnership File _____
Foreign Corp. File _____
L.C. File _____
Fictitious Name File _____
Trade/Service Mark _____
Merger File _____
Art. of Amend. File _____
RA Resignation _____
Dissolution / Withdrawal _____
Annual Report / Reinstatement _____
Cert. Copy _____
Photo Copy _____
Certificate of Good Standing _____
Certificate of Status _____
Certificate of Fictitious Name _____
Corp Record Search _____
Officer Search _____
Fictitious Search _____
Fictitious Owner Search _____
Vehicle Search _____
Driving Record _____
UCC 1 or 3 File _____
UCC 11 Search _____
UCC 11 Retrieval _____
Courier _____

2023 OCT 30 PM 12:40

CLERK OF COURT
DIVISION OF COURT CLERK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAZAL FLORIDA 4101 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:

MARCELO KONITZKI

Name of Person

Firm/Company

17141 COLLINS AVENUE #4101

Address

SUNNY ISLE, FL 33160

City/State and Zip Code

marcelo@konitzki.com

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

For further information concerning this matter, please call:

MANUEL L. CRESPO, ESQ.

305 789-2770
at ()

Name of Person

Area Code

Daytime 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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2023 OCT 30 PM 12:40

FILED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MAZAL FLORIDA 4101 LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on NOVEMBER 29, 2018 and assigned
Florida document number L18000275624.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited 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:

(Principal office address MUST BE A STREET ADDRESS)

17141 COLLINS AVENUE #4101

SUNNY ISLE, FL 33160

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

17141 COLLINS AVENUE #4101

SUNNY ISLE, FL 33160

FILED
DIVISION OF CORPORATIONS
2018 OCT 30 PM 12:40

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

, Florida

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 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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	RAFAEL KONITZKI	600 BRICKELL AVENUE, SUITE 3600	<input type="checkbox"/> Add
		MIAMI, FLORIDA 33131	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DEBORA V. CALDERON COHN	17141 COLLINS AVENUE #4101	<input type="checkbox"/> Add
		SUNNY ISLE, FL 33160	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	MARCELO KONITZKI	17141 COLLINS AVENUE #4101	<input checked="" type="checkbox"/> Add
		SUNNY ISLE, FL 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ALEJANDRA KONITZKI CALDERON	17141 COLLINS AVENUE #4101	<input checked="" type="checkbox"/> Add
		SUNNY ISLE, FL 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NICOLE KONITZKI CALDERON	17141 COLLINS AVENUE #4101	<input checked="" type="checkbox"/> Add
		SUNNY ISLE, FL 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JULIAN COHN	17141 COLLINS AVENUE #4101	<input type="checkbox"/> Add
		SUNNY ISLE, FL 33160	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change

2008 OCT 30 PM 12:40

DIVISION OF CONSUMER AFFAIRS
STATE OF FLORIDA

[illegible]

STATE OF CALIFORNIA
DEPARTMENT OF CORRECTIONS
2023 OCT 30 PM 12:40

(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)

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

Signature of a member or authorized representative of a member

Typed or printed name of signee /

Filing Fee: \$25.00