119000014426

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COVER LETTER

Registration Section Division of Corporations

Mazaliu LL JUBJECT:	С		
	Name of Limi	ted Liability Company	
The enclosed Articles of .	Amendment and fee(s) are subt	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Uri Bublil		
		Name of Person	
	<u></u>	Firm/Company	
	10275 Collins Ave		
		Address	
	Bal Harbor, FL 33154		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
Itay Landsman		786 678-1144 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he following amount:		
S25.00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mazaliu LLC		
(<u>Name of the Limited Liabili</u> (A Florida	tv Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C		and assigned
Florida document number L19000014426	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
he new name must be distinguishable and contain the words "Lim	nited 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 ADDE	RESS)	
Enter new mailing address, if applicable:		6
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
 If amending the registered agent and/or registered agent and/or the new registered office add 		nter the name of the r
egistered agent and/or the new registered office add	iress uere.	
N CN D in all Arms		
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address	_
	Emer vioriaa sireet aaaress	
	, Florid	Zip Code
	City	sqr coac

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

g Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added d from our records:

Manager ← Authorized Member

₹.	<u>:Name</u>	Address	Type of Action
MBR	Itay Landsman	1500 Bay Rd Apt 912 Miami Beach, FL 33139	
*			■ Remove
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<u>.</u>			D Add
			□ Remove
			Change

<u>te:</u>	date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at $12:01~a.m.$ on the earlier 0 th day after the record is filed.
ed	· ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	·
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00