L19000080438

(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



500329273995

®.1:5719-61712--611 •€0.55



D SCOTT MAY 2 4 2019

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MARK MAZEFSKY 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:
MARK MAZEFSKY Name of Person
MARK MAZEFSKY LLC Firm/Company
100 Magnolia Oak DR Address
Longuland, FL 32779 City/State and Zip Code
E-mail address: (to be used for futury annual report notification)
For further information concerning this matter, please call:
MARIC MAZEFSKY at (324) 279-9083 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$25.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

MARK AND JOANN MAZEFSKY AMERICAN Solutions For Business 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 Compa Florida document number L1900030438	iny were filed on MAC	h 22, 2019 and assigned	
Florida document number <u>L1 1000030 120</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company here:		
MARK MAZEFSKY L.L.	<u>C</u> .		
The new name must be distinguishable and contain the words "Limited Li-	ability Company," the designa	tion "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		<u>-</u> .	
Enter new mailing address, if applicable:		>	
(Mailing address MAY BE A POST OFFICE BOX)			
		O1	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h Name of New Registered Agent:	ere:		
New Registered Office Address:	Enter Florida str	ast address	
	131167 1 707 1444 347		
	City	, Florida	
New Registered Agent's Signature, if changing Registered Ager	<u>ıt:</u>	·	
The state of the s			
I hereby accept the appointment as registered agent and approvisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered office company has been notified in writing of this change.	te performance of my d is provided for in Chapt	uties, and I am familiar with and er 605, F.S. Or, if this document is	e

MGR = M AMBR = A	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JOANN MAZEFSKY	100 Magnolia Oak Dalon	Add
	/	100 Magnolia Oak Dakos Longwood, FL 32779	Remove
			Change
			D Add
			Remove
			Change
			Add -
			☐ Remove
			☐ Change
			□ Add
			Remove
			Change
			Add
			Remove
			Change
			Add
			Remove
			Change

· · · · · · · · · · · · · · · · · · ·	_
	_
	_
	_
 	_
-	_
 	_
	_
11-71	-
 	_
. .	:
-	
-	- [`] -;
	 — <i>,</i>
-	
	_

Page 3 of 3

Filing Fee: \$25.00