L19000093313

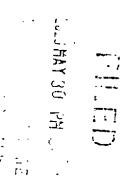
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400409106774

05/30/23--01012--001 **25.00





COVER LETTER

TO: Registration Section Division of Corporations MTZ ACCOUNTING SOLUTIONS LLC SUBJECT: 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: Amaurys Martinez Name of Person MTZ ACCOUNTING SOLUTIONS LLC Firm/Company 8950 SW 74 Ct STE 2201 Address Miami, FL 33156 City/State and Zip Code info@mtzaccounting.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Amaurys Martinez Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MTZ ACCOUNTING SOLUTIONS 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 (14/01/2019) and assigned Florida document number L19000093313 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MTZ ACCOUNTING LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

, Florida

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>	Name	Address	Type of Action
		N/A 	□Add
		 .	□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change

		-					
						<u>.</u>	
				• • •			
				·			
-					·		
	<u> </u>						
	 					<u> </u>	
			· · ·				
		·· -					
Offective defaute of the land effective Note: If the	ate, if other than the date is listed, the date me date inserted in this i	ne date of filing	04/26/2023 cannot be prior	to date of filing or m	ore than 90 days after	onal) filing.) Pursuant to 605	.0207
	effective date on the	D	ate's records	ore statutory min	g requirements, un	date will not be fish	
locument's	circuite date on the	Department of St					
	cifies a delayed effect			me, at 12:01 a.m.	on the earlier of: (b) The 90th day after	r the
record spe	cifies a delayed effect			me, at 12:01 a.m.	on the earlier of: (b) The 90th day after	r the
record spe d is filed.	cifies a delayed effect		2023	Wills	on the earlier of: (b) The 90th day after	r the

Filing Fee: \$25.00