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PICK-UP WAIT MAIL
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1.23

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COVER LETTER

SUBJECT:	MSZ FOTO	LLC			
SUBJECT:		Name of Limi	ited Liability Company		
		mendment and fee(s) are sub-			
		Mateo Serna Zapata			
			Name of Person		
		MSZ FOTO LLC			
			Firm/Company		
		561 NW 32nd Street #5U			
			Address		
		Miami, FL 33127			
		mateoserna.z@gmail.com	City/State and Zip Code		
		E-mail address: (to be used for future annual	report notification)	
For further i	nformation co	ncerning this matter, please ca	all:		
Mateo Sern	a Zapata		786 370	0-8441	
	Name of	Person	Area Code	Daytime Teleph	one Number
Enclosed is	a check for the	e following amount:			
■ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Ma	siling Address		Street Ad	ddrace.	

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TO:

Registration Section Division of Corporations

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

MSZ FOTO LLC	
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) any)
The Articles of Organization for this Limited Liability Company were filed o	on 01/06/2020 and assigned
Florida document number L20000013203	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	nv here:
SEZA STUDIOS LLC	
he 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)	2024
	<u> </u>
	_ ව
nter new mailing address, if applicable:	O
Mailing address MAY BE A POST OFFICE BOX)	
	Ť.
. If amending the registered agent and/or registered office address on gent and/or the new registered office address here:	our records, <u>enter the name of the new reg</u>
Name of New Registered Agent:	
New Registered Office Address:	
En	ter Florida street address
	, Florida
City	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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			
			□Remove
			□Change
			□ Add
			DRemove
			Cl Change
			□ Add
			□Remove
			Change
			DAdd
			□Remove
			□Change

Fective date, if other than the date of filing:	-	
ecord specifies a delayed effective date, but not an effective time, at 12:04 a.m. on the earlier of: (b) The 90th day after the is filed. May 2nd, 2024 May 2nd, 2024 May 2nd, 2024 Signature of a member or dushorized representative of a member		
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Filing Fee: \$25.00