LZO 000055742

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COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT:	LTZ ENT	ERPOSES LEC	<u></u>
The enclosed Articles of Amer	ndment and fee(s) are subm	itted for filing.	
Please return all corresponden	CE concerning this matter to MICHAEL ULTZ	Name of Person Firm/Company	ISES, LLC.
-	1024	JEFFERY STE	2EIT
	ULTZ E E-mail address: (to	City/State and Zip Code ENTERPRISES (2) be used for future annual report notificat	33487 AMAIL. COM
For further information concer	ming this matter, please cal	1:	
Name of Pers	VISNICK	at (561) Z1Z - Area Code Daytime Te	1316 Iephone Number
Enclosed is a check for the fol	lowing 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MULTZ ENTER	PRISES, LLC	· .
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.)	63
The Articles of Organization for this Limited Liability Compares Florida document number <u>L200055742</u> .	1 1	and assigned
This amendment is submitted to amend the following:		 :-
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and contain the words "Limited Lis	ability 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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>enter the na</u>	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBIZ	JONATHAN STUUTS	1591 CORAL RINGE DR CORAL SARINGS, FL 330	_ DAdd
		CORAL SPRINGS, FL 330	71□Remove
			□Change
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	e date, if other than the date of filing:
Effective	
Note: If i	e date, if other than the date of filing:
Note: If the document	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
Note: If i document he record s	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at it's effective date on the Department of State's records. 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
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Filing Fee: \$25.00