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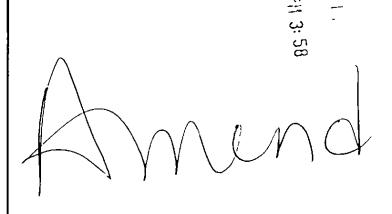
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10: Registration Se Division of Cor					
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ŤMZAL I SUBJECT:		•	, v		
Schater.		ited Liability Company	 		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	NICK SKARGEE				
		Name of Person			
	NICK SKARGEE ACCOU	JNTING & TAX INC.			
		Firm/Company			
	507 HERBERT ST. STE /	1			
		Address			
	PORT ORANGE, FL 3211	29			
	City/State and Zip Code				
	ACCT7264@GMAIL.CON				
		to be used for future annual report notifi	calion)		
For further information c	oncerning this matter, please c	all:			
NICK SKARGEE		386 788-7264 			
Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is a check for the	he following 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:		Street Address:			
Registration Section		Registration Sect			
Division of Corporations		Division of Corp	orations		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARTICLES OF C	ORGANIZATION -	B. 1.
O	F	
TMZAL LLC		
(Name of the Limited Liability Compa (A Florida Limited	inv as it now appears on our re Liability Company)	cords.)
TMZAL LLC (Name of the Limited Liability Compa (A Florida Limited) The Articles of Organization for this Limited Liability Company Florida document number 1.20000061554	were filed on $\frac{02/25/2020}{}$	بې ک and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	vility company here:	
· -		
The new name must be distinguishable and contain the words "Limited Liabi	hty Company," the designation "	El C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	2841 S. NOVA RD. STE 12	
	DAYTONA BEACH, FL 32119-6102	
	SOULS NAMED IN STREET	11
Enter new mailing address, if applicable:	2841 S. NOVA RD, STE 1	
Mailing address MAY BE A POST OFFICE BOX)	DAYTONA BEACH, FL.	52119-6102
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>er</u>	nter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
•	Enter Florida street ac	ldress
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	
hereby accept the appointment as registered agent and agr	ee to act in this capacity.	I further agree to comply with t

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. Thereby 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>	Name	Address	Type of Action
AMBR	MARWA A. ABDALRAHMAN	2841 S. NOVA RD. STE 12	■Add
		DAYTONA BEACH, FL 32119-6102	□Remove
			□ Change
AMBR EHAB A. ZAKHARY	EHAB A. ZAKHARY	1775 CREEKWATER BLVD.	= Add
		PORT ORANGE, FL 32128	□Remove
		□Add	
			□Remove
		□Change	
		□Add	
		□Remove	
			□Change
			□Add
			□Remove
		□Change	
		□Add	
		□Remove	
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) __ (optional) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated MAY 18 Signature of a member or authorized representative of a member EHAB A. ZAKHARY Typed or printed name of signee