L20 000082709

| (Re | questor's Name) | |
|-------------------------|--------------------|-------------|
| () | ,, | |
| (Ad | ldress) | |
| | | |
| (Ad | ldress) | |
| | | |
| (Cit | ty/State/Zip/Phone | e #) |
| | | |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| (Bu | isiness Entity Nar | ne) |
| | | |
| (Do | ocument Number) | _ |
| | | |
| Certified Copies | _ Certificates | s of Status |
| | | |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



800349710128

08/07/20--01021--004 **55.00

SEP 2 5 2020 FOR S. YOUNG

2020 AUG - 7 AM 8: 19

COVER LETTER

TO:

Registration Section

| Division of C | Corporations | | | |
|-----------------------------------|--|---|--|--|
| SUBJECT: | MBZ Ra | il Services LLC | | |
| SUBJECT. | Name of Lim | ited Liability Company | | |
| The enclosed Articles | of Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all corre | spondence concerning this matter | to the following: | | |
| | Michae | l Zeitz | | |
| | | Name of Person | | |
| | MBZ R | ail Services LLC | | |
| | | Firm/Company | | |
| | 19052 8 | Pine Run Lane | | |
| Address | | | | |
| | Ft. My | ers Florida 33967 | | |
| | · | City/State and Zip Code | | |
| | mzdraj | per57@gmail.com | | |
| | E-mail address: (| to be used for future annual report no | tification) | |
| For further informatio | n concerning this matter, please ca | all: | | |
| Michael | Zeitz | 504 615 342 at () | | |
| Nam | ne of Person | Area Code Daytir | ne Telephone Number | |
| Enclosed is a check fo | or the 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) | |
| <u>Mailing Add</u> Registratio | · | Street Address: Registration So | ection | |
| Division of | f Corporations | Division of Co | rporations | |
| P.O. Box 6 | | The Centre of | | |
| Tallahasse | e, FL 32314 | 2415 N. Monro | oe Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| MBZ Rail So | ervices II C | | | |
|--|--|-------------------------------|--|--|
| (Name of the Limited Liability Comp. | any as it now appears on our records.) Liability Company) | 五 四 | | |
| The Articles of Organization for this Limited Liability Company Florida document number This amendment is submitted to amend the following: | y were filed onMarch 16 2020_ | and assigned | | |
| A. If amending name, enter the new name of the limited liab | bility company here: | | | |
| The new name must be distinguishable and contain the words "Limited Liab | ility Company," the designation "LLC" o | or the abbreviation "L.L.C." | | |
| Enter new principal offices address, if applicable: | MBZ Rail Services LLC | | | |
| (Principal office address MUST BE A STREET ADDRESS) | 19052 Pine Run Lane | | | |
| | Ft. Myers Florida 33967 | | | |
| Enter new mailing address, if applicable: | MBZ Rail Services | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | Ft. Myers Florida 33967 | | | |
| | | | | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, enter th | ne name of the new registered | | |
| Name of New Registered Agent: | | <u></u> | | |
| New Registered Office Address: | 19052 Pine Run Lane | | | |
| | Enter Florida street address | | | |
| | Ft. Myers, Flor | | | |
| | 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 |
| | | | ElChange |
| | | | □Add |
| | | | <u> </u> |
| | | | □Change |
| | | | []Add |
| | | CIR | []Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | \tau\Change |
| | | | :JAdd |
| | | | |
| | | | ElChange |
| | | - | 🗀 Add |
| | | | |
| | | | -1 |

| | Princ | iple Office and | Mailing Ad | dress Chang | e only | | | |
|---|--|------------------------------------|----------------|----------------|---------------|----------------|---------------------------------------|------------------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | · · · · · · · · · · · · · · · · · · · | |
| | | <u> </u> | | | | | | |
| | | | | . | | | | |
| | | | | | | | | |
| - | | | | | | | | |
| | | <u> </u> | | | · | | | . |
| | <u>-</u> | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | · · · | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| - | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| n effective da o <u>te:</u> If the d | e, if other than the ue is listed, the date must ate inserted in this bl | st be specific and lock does not m | cannot be pric | cable statuto | | nan 90 days al | | |
| Junione's Cr | fective date on the D | epartment of 5 | tate's record | 5. | | | | |
| ecord specifis filed. | les a delayed effectiv | e date, but not | an effective | time, at 12:0 | 1 a.m. on th | e earlier of: | (b) The 90t | th day after the |
| | August 3 | | 2020 | <u> </u> | | . // | | |
| ted | | | | | | | | |
| ted | | in. 1 | //// | | 7. | _{//_ | > | |
| ited | | Signature of a n | nember, or aut | norized repres | entative of a | meniber | > | |

Filing Fee: \$25.00