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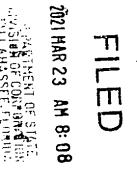
| (Re | equestor's Name) | |
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| ☐ PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificates | s of Status |
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Office Use Only

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COVER LETTER

| Div | ision of Corp | orations | | |
|----------------|-----------------|--|---|--|
| SUBJECT: | A & M REA | L ESTATE LLC | | |
| 30bjrc.1. | | Name of Limit | ed Liability Company | |
| The enclosed | l Articles of A | mendment and fee(s) are subn | nitted for filing. | |
| Please return | all correspon | dence concerning this matter to | o the following: | |
| | | MATTHEW MARZANO | | |
| | | | Name of Person | |
| | | | Firm/Company | |
| | | 2291 J AND C BLVD | | |
| | | | Address | |
| | | NAPLES, FL 34109 | | |
| | | | City/State and Zip Code | |
| | | INFO@GENCOOFFICE.CO | | |
| | | E-mail address: (to | be used for future annual report notificat | tion) |
| For further in | nformation co. | ncerning this matter, please cal | II: | |
| ALICE LOF | PES | | 239 434-8175 at () | |
| | Name of | Person | at () Area Code Daytime Te | elephone Number |
| Enclosed is a | check for the | e following amount: | | |
| □ \$25.00 F | 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:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1. 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| A & M REAL ESTATE LLC | | |
|---|---|--------------------------------------|
| (<u>Name of the Limited Liabili</u> (A Florida | ty Company as it now appears on our a Limited Liability Company) | records.) |
| The Articles of Organization for this Limited Liability C | Company were filed on $\frac{9/30/2021}{}$ | and assigned |
| Florida document number <u>L21000429614</u> | · | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lim | ited liability company here: | |
| AP & MZ INVESTMENT LLC | | |
| The new name must be distinguishable and contain the words "Lim | nited Liability Company," the designation | n "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDI | RESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| Training dime cos Maria Maria (Maria Orange Maria) | | |
| | | |
| B. If amending the registered agent and/or regis | stered office address on our r | ecords, enter the name of the no |
| registered agent and/or the new registered office add | ress here: | |
| | | |
| Name of New Registered Agent: | <u>, </u> | |
| New Registered Office Address: | | |
| | Enter Florida stree | 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 Rege

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 |
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| fective date, if other than the can effective date is listed, the date must ote: If the date inserted in this blocked ment's effective date on the Department. | ck does not meet t | the applicabl | date of filing of | or more than 90 d iling requireme | _ (optional) ays after filing.) Pu ents, this date wil | ursuant to 6 Il not be li | 505.0 isted |
| e record specifies a delayed The 90th day after the reco | | , but not a | an effectiv | e time, at 1 | 2:01 a.m. on | the ear | rlier |
| march 23 | |)22 | . • | | | | |
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Page 3 of 3

Filing Fee: \$25.00