

6/23/22, 4:17 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

220002175553

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220002175553)))



H220002175553ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : TAXLEAF.COM INC
Account Number : I20140000084
Phone : (305)541-3980
Fax Number : (786)713-1940

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

2022 JUN 23 AM 8:18

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MDZ TAMPA LLCDIVISION OF STATE
CORPORATIONS
TAXESRECEIVED
FLORIDA
DEPARTMENT OF STATE
JUN 23 2022

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

T. LEMIEUX

He JUN 24 2022

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

1122000217555 3

MDZ TAMPA LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/14/2022 and assigned Florida document number 122000072779.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The 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: 16011 DAWNVIEW DR.
(Principal office address MUST BE A STREET ADDRESS) TAMPA, FL 33624

Enter new mailing address, if applicable: 16011 DAWNVIEW DR.
(Mailing address MAY BE A POST OFFICE BOX) TAMPA, FL 33624

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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:

1122000217555 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

H22000217555 3

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	CRISTIAN F MINACAPELLI	16011 DAWNVIEW DR. TAMPA, FL 33624	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
AMBR	LORETTA'S EVENTS LLC	16011 DAWNVIEW DR. TAMPA, FL 33624	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
AMBR	TRAIN BUSINESS GROUP LLC	5537 SHELDON ROAD STE E TAMPA, FL 33615	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change

H22000217555 3

1122000217555 3

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 JUNE 23RD 2022

00000000000000000000000000000000

Signature of a member or authorized representative of a member

CRISTIAN F. MINACAPPELLI

Typed or printed name of signee

1122000217555 3