

6/23/22, 4:17 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

U220000217553

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To:

Division of Corporations
Fax Number : (850)617-6333

From:

Account Name : TAXLEAF.COM INC
Account Number : 120140000084
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.****

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MDZ TAMPA LLC

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OFFICE OF STATE
DIVISION OF CORPORATIONS
TAMPA, FL 33604

9pm 4/23 AM 8:18

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Electronic Filing Menu

Corporate Filing Menu

T. LEMIEUX

JUN 24 2022

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

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MIDZ 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

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

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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.	<input type="checkbox"/> Add
		TAMPA, FL 33624	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	LORETTA'S EVENTS LLC	16011 DAWNVIEW DR.	<input type="checkbox"/> Add
		TAMPA, FL 33624	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TRAIN BUSINESS GROUP LLC	5537 SHELTON ROAD STE E	<input type="checkbox"/> Add
		TAMPA, FL 33615	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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