7/27/22, 3:48 PM

Division of Corporations

Florida Department of State Division of Corporations Division of Corporations Electronic Filing Coversiseer

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To:

Division of Corporations

Fax Number : (89

: (850)617-6383

From:

Account Name : TAX ZONE INC. Account Number : 120190000044 Phone : (407)888-3131 Fax Number : (888)453-0509

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

Email Address: accountant@taxzaneFc.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MAZ INVESTMENT GROUP LLC

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Corporate Filing Menu

Help

Tallahassee, FL 32314

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COVER LETTER

TO: Registration of	on Section Corporations		
MAZ I SUBJECT:	NVESTMENT GROUP LLC		
	Name of Lim	ited Liability Company	
The enclosed Article	es of Amendment and fee(s) are sub	mitted for filing.	
Please return all con	espondence concerning this matter	to the following:	
		Name of Person Firm Contpany	
	8168 TAVISTOCK LAKE	S BLVD	
	ORLANDO, FL 32827	Acdress	
	accountant@taxzonefl.com	City/State and Zip Code to be used for future annual report not	ufcation)
For further informati	on concerning this matter, please ca	•	
CARDENAS, MAR	IA Z	407 888-3131 at ()	
Na	me of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check:	for the following amount:		
■ \$25.00 Filing Fe	Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Ad</u> Registrati	Idress: on Section	Street Address: Registration Se	ection
	of Corporations	Division of Co The Centre of	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

If Changing Registered Agent, Signature of New Registered Agent

From: Tax Zone

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022-07-27 19:49:40 GMT

MAZ INVESTMENT GROUP LLC	
(Name of the Limited Liabilit (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability C Florida document number L22000137481	Company were filed on 03/21/2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limi	ited liability company here:
The new name must be distinguishable and contain the words "Limi	nited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: <u>(Principal office address MUST BE A STREET ADDR</u>	RESS) 8168 tavistock lakes blvd orlando fl 32827
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	8168 tavistock lakes blvd orlando fl 32827
agent and/or the new registered office address here:	d office address on our records, enter the name of the new registered
Name of New Registered Agent:	Maria Zoraida Cardenas C
New Registered Office Address:	Enter Florida street oddress Florida
New Registered Agent's Signature, if changing Registered	City Ti Ptp Car
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag	and agree to act in this capacity. I further agree to emply with the complete performance of my duties, and I am familiar with and gent as provided for in Chapter 605, F.S. Or, if this document is ed office address, I hereby confirm that the limited liability

4220002545433

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	Name	Address	Type of Action
MGR	MASS, WALTER	218 PLEASANT HILL DR	⊒Add
		CLERMONT, FL 34711	
			☐ Change
			ÜAdd
			□Remove
			☐ Change
			□Add
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docum	ent's effective date	on the Departn	nent of State's	records.		-3 (
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Dated]	101.1 25				\wedge			
				_	Mil			
					WY			
		Signa	ture of a membe	r or authorized	representative	e of a member		_
	MGR		Maria Zora	ida Carde	വാദേ			

Typed or printed name of signee