L22000235812

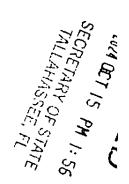
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO: Registration Security Division of Corp.					
SUBJECT:	Markitas Piz	LZEXIO, LLC			
The enclosed Articles of a	Amendment and fee(s) are subr	nitted for filing.			
Please return all correspo	ndence concerning this matter t	o the following:			
	Massas J. Masskito!9 421013434	Name of Person 3 Pizzesia: Firm/Company Chigh Acres Ford	233976	SECRETARY OF STA TALLAHASSEE, F	2024 OCT 15 PM 1:
		City/State and Zip Code		TATE FL	56
	Mackil Opin	o pe used for luture annual report notifi	ication)		
For further information e	oncerning this matter, please ca	11:			
Marcas V Name o	Person	at (<u>786</u>) <u>212-</u> Area Code Daytime	Telephone Number		
Enclosed is a check for th	ne following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Solution Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres Registration S Division of C P.O. Box 632	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Markitols Vizz (Name of the Limited Liability Comp	eany as it now appears on our records.)
(A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000235912</u> .	y were filed on Sunbiz. 069 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	98010 Overseas Himmey
(Principal office address MUST BE A STREET ADDRESS)	Coeanside 50 To SOTO Key Largo, FL33033 5 5
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	98640 Oversoon High men Dropsid Keylargo, Fl. 33023. Co
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida City Zip Code
	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 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>	Name	Address	Type of Action
AP	Dayemi Del Bisao		□Add
	1	4210 13 13 13 W Lehigh Acx	lS, KRemove
		FL33976	□Change
AP	Baxbaxa Rodiquez.	2728 Ne38+Apt 203 Homester Fl 33033	√_ □ V Add
			□Remove
			STICH STICK
			REPARY
			ALIRY OF STATE
			A S En □ Change
			□Λdd
			Remove
			□Change
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		· · · · · · · · · · · · · · · · · · ·	□Remove
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