Division of Corporations

Florida Department of State

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LICENSES & PERMITS LLC

Account Number : 120210000155 Phone : (305)226-8727

Fax Number : (305)226-8767

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

Email Address:\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MTZ BUILD TRUST LLC

Certificate of Status	0
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T. LEWIEUX

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## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: MT2 Build tyust LLC  Name of Limited Liability Company				
The enclosed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
LUCIA ESTREMA Name of Person				
Licenses & Permits LLC				
8300 West Flagler St # 114				
MIAMI, FL 33144  City/State and Zip Code  ACRUZ. ACCURATE @ gmail. Com  E-mail address: (to be used for fluture annual report denification)				
For further information concerning this matter, please call:				
LUCIA ES-TEELLA at 305, 206-8727  Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$\$ Certificate of Status & Certified Copy (additional copy is enclosed)\$\$\$ Certified Copy (additional copy is enclosed)\$\$\$}\$\$				

Malling Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO · ARTICLES OF ORGANIZATION OF

MTZ Build tr	rust LLC		
(Name of the Limited Liability Compar (A Florida Limited L	y sa it now appears on our records.) isbility Company)		
The Articles of Organization for this Limited Liability Company Florida document number		and assig	pned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability TRUST QUALITY FL  The new name must be distinguishable and contain the words "Limited Liability In the new name must be distinguishable and contain the words "Limited Liability In the new name must be distinguishable and contain the words "Limited Liability In the new name must be distinguishable and contain the words "Limited Liability In the new name of the limited liability In the new name must be distinguishable and contain the words "Limited Liability In the new name of the limited Liability In the new name of the limited Liability In the new name must be distinguishable and contain the words "Limited Liability In the new name of the limited Liability In the new name of the liability In the new name of the liability In the new name of t	OORS UC	breviation "L.L.	C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			<u></u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office as agent and/or the new registered office address here:	ddress on our records, enter the nam	e of the new :	registered
Name of New Registered Agent:		<u>~</u>	
New Registered Office Address:			1922 H
	Enter Florida street address		- A0H
	, Florida	Zip Code	2
New Registered Agent's Signature, if changing Registered Agent:	,		D 144
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and I am for vovided for in Chapter 605, F.S. Or,	amiliar with i if this docum	and ent is

□Remove

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 = M AMBR = A	anager uthorized Member	•	·
Title	<u>Name</u>	Address	Type of Action
			DAdd
		·	Remove
			□Change
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			□Remove
			(]Change
		<del></del>	□Add
		<del></del>	ORemove
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			□Remove
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			□Change
<del></del>			□Add

iı am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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fan effi <u>Note:</u>	ve date, if other than the date of filing:
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
· ta III	11/2/22
ated_	4/1/65
	Signature of a member or authorized representative of a member
	Moises Martinez

Filing Fee: \$25.00