

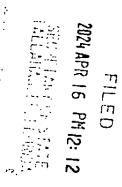
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

| MTZ IMN SUBJECT: | MIGRATION & MORE LLC | | |
|---|---|---|---|
| SOBJECT. | Name of Lir | nited Liability Company | |
| The enclosed Articles of | f Amendment and fee(s) are su | bmitted for filing. | |
| Please return all corresp | ondence concerning this matter | r to the following: | |
| | ADA MARTINEZ | | |
| | | Name of Person | |
| | | Firm/Company | |
| | 4615 NW 185TH STREE | Т | |
| | | Address | |
| | MIAMI GARDENS FL 3 | 3055 | |
| | AMARTINEZ8493@GM/ | City/State and Zip Code AIL.COM | |
| | | to be used for future annual report noti | fication) |
| | concerning this matter, please of | all: | |
| ADA MARTINEZ | | 786 659 - 3867 at () | |
| Name o | f Person | Area Code Daytim | e Telephone Number |
| Enclosed is a check for t | he following amount: | | |
| □ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addres | | Street Address: | tion |
| Registration Section Division of Corporations | | Registration Section Division of Corporations | |
| P.O. Box 6327 | | The Centre of Tallahassee | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MTZ IMMIGRATION & MORE 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 $\frac{02/02/2024}{}$ and assigned Florida document number L24000061560 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MTZ NOTARY & MORE LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) ſΠ Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

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> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|-------------|----------------|
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| (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. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. 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 | | |
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Filing Fee: \$25.00