## 24000209870

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## COVER LETTER

TO:

TO: Registration Sec Division of Corp			
SUBJECT: _ M.()	rael A BIZ LL	_	
		ted Liability Company	
_			
the enclosed Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Olon Mic	Name of Person	
	Michael A		
		Firm√Company	
	8761 N 56"	Street Apt 1632	<u> </u>
•	Tampa, Fl	33687 City/State and Zip Code	
		City/State and Zip Code	
	E-mail address: (	to be used for future annual report noti	fication)
For further information co	oncerning this matter, please ca	ill:	
Olon, Mich	rel	at (516) 770.8	1887
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	c following amount:		
€ \$25.00 Filing Fee	S30.00 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)
Mulling Address Registration S	_	Street Address:	
Division of C		Registration Sc Division of Cor	
P.O. Box 632	7	The Centre of T	Tallahassee
Tallahassee, F	L 32314	2415 N. Monro	c Street, Suite 810

Tallahassec, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Michael A BIZ LLC		
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our records Limited Liability Company)	5.)
The Articles of Organization for this Limited Liability C Florida document number $\underline{LZ4000Z09870}$	Company were filed on	24 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	<b>202</b> 17.1.
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC	" or the abbreviation L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	y-mark a
		The state of the s
Enter new mailing address, if applicable:		£ 5
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	2
		orida
	City:	orida 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>	<u>Name</u>	Address	Type of Action
<u>MGR</u>	olon, Michael	8761 N 56th Street	② Add
		16321	□ Remove
		Tampa, FL 33687	Change
<del>\frac{1}{2}</del>			🗆 Add
:: -		<del> </del>	□ Remove
			□ Change
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an el ote:	ive date, if other than the date of filing:  ective 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  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as sent's effective date on the Department of State's records.
recoi is fi	d 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 led.
ated	May 17th 2024
	7/1/1

Filing Fee: \$25.00