## 124000312936



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## **COVER LETTER**

	gistration Se vision of Cor				
CHID ICZT.		TISERVICES LLC			
SUBJECT:		Name of Lam	ited Liability Company		
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	n all correspo	ndence concerning this matter	to the following:		
		GABRIEL MARTINEZ			
			Name of Person	<del> </del>	
		MTZ MULTISERVICES	LLC		
Firm/Company					
5128 LOBLOLLY BAY ROAD					
			Address		
		LABELLLE, FL 39935			
			City/State and Zip Code		
		gabmtz1003@gmail.com		· <del>134 _ 1</del>	
			to be used for future annual report not	incation)	
For further i	nformation co	oncerning this matter, please c	all:		
GABRIEL MARTINEŽ .		239 922-0107			
Name of Person		at () Area Code Daytin	ne Telephone Number		
Enclosed is	a check for th	ne following amount:			
■ \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section		<u>Street Address:</u> Registration Se	ection		
Division of Corporations				Division of Corporations	
P.O. Box 6327				The Centre of Tallahassee	
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIZ MULTISERVICES LLC	
( <u>Name of the Limited Liat</u> (A Flor	ability Company as it now appears on our records.)  orida Limited Liability Company)
The Articles of Organization for this Limited Liability  Plorida document number L24000312936	y Company were filed on 07/15/2024 and assigned and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the li</u>	imited liability company here:
the new name must be distinguishable and contain the words "I.	Limited Liability Company," the designation "LEC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADI	DRESS)
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or register agent and/or the new registered office address here	ered office address on our records, <u>enter the name of the new regis</u> e:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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>	<u>Name</u>	Address	Type of Action
MGR	Marrisa Nichole Bozeman	5128 LOBLOLLY BAY ROAD	<b>=</b> Add
		LABELLLE, FL 39935	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
		<del> </del>	□Change
		<del>.</del>	□Add
			Remove
			Change
			□Add
			□Remove
			Change
			□Add
			Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)

(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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If 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 record is filed. October 11, 2024 Signature of a member or authorized representative of a member Gabriel Martinez Typed or printed name of signee

Filing Fee: \$25.00