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From: Aimet Arenas

Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EXPRESS BUSINESS & TAX SERVICES INC

Account Number : I20220000138 Phone

: (786)239-9353

Fax Number : (305)675-8465

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

Email Address: AIMET@EXPRESSTAXSVCS.COM

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MZT LLC

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COVER LETTER

TO: Registration Se Division of Co					
SUBJECT: MZT L	.LC				
	Name of Lin	ited Liability Company			
	Amendment and fee(s) are sub				
_					
	MOHAMMED D. HO	DSSAIN			
		Name of Person			
	MZT LLC				
		Firm/Company		ം 🗠	
	1202 HIGHWAY A1A		<u> </u>	024 0 0	
		Address		: - CT 2	٤.
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	MELBOURNE, FL 3	32937 City/State and Zip Code		일 골	Î
	AIMET@EXPRESSTA	· ·	11. .,,	S를 등	3
		to be used for future annual report notific	ration)	±; 33	
For further information of	concerning this matter, please c	all:			
MOHAMMED D. HO	DSSAIN	at (971) 567-4004			
Name o	of Person	Area Code Daytime	Felephone 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)	S60.00 Filing F Certificate of S Certified Copy (additional copy is	Status &	
Mailing Addres Registration		Street Address: Registration Secti	ion		

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

72 72 73 75 75 75 75 75 75 75 75 75 75 75 75 75	MZT LLC					_
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) 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 regist agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: MCHAMMED D. HOSSAIN 1202 HIGHWAY A1A Enter Florida street address MELBOURNE, Florida 32937	(Name of the Limited	d Liability Company a: A Florida Limited Liabi	it now appears on ou ity Company)	r records.)		
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Enter Florida street address MELBOURNE , Florida 32937	Name of New Registered Agent:	MOHAMMED D.	HOSSAIN			
Enser Florida street address MELBOURNE , Florida 32937	New Registered Office Address:	1202 HIGHWAY	A1A			
	-		Enter Florida stre	et address		
		MELE	BOURNE	, Florida	32937	
			City		Zip Co	le

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.

Mohammed D. Hossain

If Changing Registered Agent, Signature of New Registered Agent

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
AMBR	AZIZUL HAKIM RAFI	1202 HIGHWAY A1A	□Add
		MELBOURNE, FL 32937	K√Remove
			□Chang e
AMBR	MOHAMMED D. HOSSAIN	1202 HIGHWAY A1A	⊠Add
		MELBOURNE, FL 32937	
			☐ Change
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Note:	ve date, if other than the date of filing: ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing if the date inserted in this block does not meet the applicable statutory filing requirements, this date ent's effective date on the Department of State's records.) g.) Pursua e will no	nt to 60: t be list	5.0207 (3 ted as th
he recor ord is fi	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) Ted.	he 90th o	day afte	er the
Dated	OCTOBER, 22 , 2024 .			
	Mohammed D. Hossain Signature of a member or authorized representative of a member			

Filing Fee: \$25.00

Typed or printed name of signee