Lexites 10/1/24, 10:59 AM Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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From:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : I2004000031 : (800)906-9220 Fax Number : (800)905-9880

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

Email	Address:	

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MRZ FLORDA LLC

Certificate of Status	1
Certified Copy	0
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Help

2024-10-01 10:02:10 CDT From: Avi Weiss Page: 3 of 5 Lexites To:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

MRZ FLORDA LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ampany as it now appears on our receited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Comp	pany were filed on 09/23/2024	and assigned
Florida document number 1.24000413669		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
MRZ FLORIDA LEC		
The new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "I	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Principal office address MUST BE A STREET ADDRESS	S)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		17 CH 19 THE
Printing that Cost of Tree Porty		0
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:  Name of New Registered Agent:	fice address on our records, en	ter the name of the new regis
New Registered Office Address:		
New Registered Office Address:	Enter Floridastreet ado	iress
New Registered Office Address:		lress Florida

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.

From; Avi Weiss

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

To:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□ Change
			□ Add
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ffective date, if other than the date of filing:	(optional)	
an effective date is listed, the date must be specific and cannot be prior to date of fill <b>Note:</b> If the date inserted in this block does not meet the applicable statute	ling or more than 90 days after filing.) P	ursuant to 605.020 ill not be listed a
ocument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effective time, at 12:0 Lis filed	If a moon the earlier of: (b) The	Xith day after the
OCTOBER FIRST 2024		

Typed or printed name of signce