P01000113590

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Na	me)
(Do	ocument Number))
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SECRETARY OF STATE

MC FineND. 7-13

COVER LETTER

TO: Amendment Sect Division of Corpe			*	
NAME OF CORPO	RATION: MZ PROPE	ERTIES CORP		
DOCUMENT NUMI	BER: P0100011359	0		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	MARIA SANCHE	Z DE VARONA		
		Name of Contact Person	1	
		Firm/ Company		
	7800 RED ROAD	SUITE 124		
		Address		
	SOUTH MIAMI, F	FL 33143		
		City/ State and Zip Code	e	
RAUL@THESOLUTIONGROUP.NET				
100	_	sed for future annual report		
		•		
For further information	n concerning this matter, pleas	se call:		
RAUL SANC	HEZ DE VARONA	A at (305	, 438-1259	
Name (of Contact Person	Area Co	de & Daytime Telephone Number	
Enclosed is a check for the following amount made payable to the Florida Department of State:				
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
	ling Address		Address	
Amendment Section		Amendment Section		
	Division of Corporations P.O. Box 6327 Division of Corporations Clifton Building			
	ahassee, FL 32314		xecutive Center Circle	

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

13 JUN-S EN 3:36

MZ PROPERTIES CORP

(Name of Corporation as currently filed with the Florida Dept. of State)

P01000113590

(Document Number of Corporation (if known)

A. If amending name, enter the new notice of the new new notice of the new notice of			The ne	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associated	nation "Corp," "Inc," o	or "Co". A professional corp		
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		2 NE 40 STRE	ET	
		SUITE 204		
		MIAMI, FL 33	137	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2 NE 40 STRE	EET	
		SUITE 204	SUITE 204	
		MIAMI, FL 33	MIAMI, FL 33137	
D. If amending the registered agent an new registered agent and/or the ne			name of the	
Name of New Registered Agent		HEZ DE VARONA		
<u>- mar v </u>	2 NE 40 STR	EET SUITE 204		
	(Florido	street address)	_	
New Registered Office Address:	MIAMI	, Flori	da 33137	
	(0	lity)	(Zip Code)	
New Registered Agent's Stepasture, if c	hanging Registered Ag dered agent. I am famili	ent: ar with and accept the obligat	ions of the position.	

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	<u>PT</u>	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	D	MONICA ZERPA	2 NE 40 STREET
Add			SUITE 204
Remove			MIAMI, FL 33137
2) Change			
Add	-		
Remove			
3) Change		_	
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add	-		
Add Remove			
Keniove			
6) Change			
Add			
Remove			

If amending or adding additional Articles, enter change(s) here: Attach additional sheets, if necessary). (Be specific)	
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If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	

The date of each amendment(s) add	option:05/30/2(VI 3
Effective date if applicable:	(no more than 90 days after a	and the same Glor deep.
	(no more than 90 days after a	menament jue aate)
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were adop by the shareholders was/were suff	pted by the shareholders. The number of verticient for approval.	otes cast for the amendment(s)
	roved by the shareholders through voting greath voting group entitled to vote separate	
"The number of votes cast fo	or the amendment(s) was/were sufficient for	or approval
by	(voting group)	
The amendment(s) was/were adopt action was not required.	oted by the board of directors without share	eholder action and shareholder
☐ The amendment(s) was/were adopt action was not required.	oted by the incorporators without sharehold	ier action and shareholder
Dated	05/30/2013	
Signature	Mellupy	
selected,	rector, president or other officer - if director, by an incorporator - if in the hands of a red fiduciary by that fiduciary)	ors or officers have not been eceiver, trustee, or other court
_	MONICA ZERPH	7
	(Typed or printed name of perso	on signing)
_	Duckon	
	(Title of person signing)	