P16000018329

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF COR	RPORATION: MZRZJZ INVEST	MENT INC				
	UMBER; P16000018329					
	icles of Amendment and fee are su	abmitted for filing.				
Please return all o	correspondence concerning this ma	atter to the following:				
	MARGARITA GONZALEZ					
	Name of Contact Person					
	JMGP MULTISERVICES INC					
		Firm/ Company				
	7777 PINES BOULEVARD UNIT 216					
		Address				
	PEMBROKE PINES FLORI	DA 33024				
		City/ State and Zip Cod	e			
	MARIVANL331@GMAIL.C	COM				
	E-mail address: (to be us	sed for future annual report	notification)			
For further inform	nation concerning this matter, plea	se call: at (4692498			
N	aine of Contact Person	Area Co	/ de & Daytime Telephone Number			
Enclosed is a che	ck for the following amount made	payable to the Florida Depa	artment of State:			
為\$35 Filing Fo	ee □\$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)			
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Divisio The Co	Address Iment Section In of Corporations Entre of Tallahassee N. Monroe Street, Suite 810			

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

MZRZJZ INVESTMENT INC (Name of Corporation as currently filed with the Florida Dept. of State) P16000018329 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: N/A name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc." or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." N/A B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: ROCIO ZORRILLA SOQUIER Name of New Registered Agent 3545 NW 82ND ST., MIAMI FLORIDA 33147-4539 (Florida street address) 3545 NW 82ND ST., MIAMI New Registered Office Address: (City)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

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.

Example: 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)	Title	<u>Name</u>	Address			
1) Change	Р-Т	ROCIO ZORRILLA S. 85% SHARE	3545 NW 82ND ST			
X Add			MIAMI FL 33147			
Remove						
2) X Change	<u>v</u>	SANTA M SOQUIER 15% SHARE	615 E 29TH ST			
Add			ШАLЕАН F1. 33013			
Remove 3) Change						
Add						
Remove						
4) Change						
Add						
Remove						
5) Change			<u></u>			
Add						
Remove						
6) Change						
Add						
Pamaya						

 (Attach additional 	adding additional Art al sheets, if necessary).	(Be specific)	ast nere.		
N/A		(=, 2/2, 9/2)			
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F. If an amendmer	nt provides for an excl	hange reclassifica	tion or cancellation	s of icenad charac	
provisions for	implementing the ame				
(if not appl	icable, indicate N/A)				
N/A					
·					
			·		
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The date of each amendment(s date this document was signed.) adoption:	, if other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in thi document's effective date on the	s block does not meet the applicable statutory filing requirements, the Department of State's records.	nis date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/were action was not required.	adopted by the incorporators, or board of directors without shareholde	r action and shareholder
■ The amendment(s) was/were by the shareholders was/were	adopted by the shareholders. The number of votes east for the amenda sufficient for approval.	nent(s)
	approved by the shareholders through voting groups. The following st for each voting group entitled to vote separately on the amendment(s)	
"The number of votes c	ast for the amendment(s) was/were sufficient for approval	
by		
	(voting group)	•
1 <u>1/9/202</u> Dated	A SHOW	
sele	director, president or other officer – if directors or officers have not leted, by an incorporator – if in the hands of a receiver, trustee, or other binted fiduciary by that fiduciary)	
	ŠANTA M SOQUIER	
	(Typed or printed name of person signing)	
	VICEPRESIDENT	
	(Title of person signing)	