## P16000018329

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## COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: MZRZJZ INVEST	MENT INC		
DOCUMENT NUMB				
	of Amendment and fee are su	bmitted for filing.		
Please return all corres	pondence concerning this ma	tter to the following:		
	MARGARITA GONZALEZ			
•		Name of Contact Perso	n	-
	JMGP MULTISERVICES IN			_
	3181 NW 77TH ST APT 619	Firm/ Company		
-		Address		-
	MIAMI FL 33147  City/ State and Zip Code			
•				
	MARIVAN1331@GMAIL.C	СОМ		
-	E-mail address: (to be us	sed for future annual report	notification)	72. 72.
For further information	concerning this matter, plea	se call:		1.713
MARGARITA GONZ	ALEZ	at ( 305	469-2498 de & Daytime Telephone Numbe	
Name o	f Contact Person	Area Co	de & Daytime Telephone Numbe	T 71 5
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:	L.
S35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Ame Divis P.O.	ing Address indment Section sion of Corporations Box 6327 hassee, FL 32314	Ameno Divisio The C	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810	

Tallahassee, FL 32303

2023 MAY 22 PH 1: 2

## Articles of Amendment to Articles of Incorporation of

MZRZ IZ	INVESTM	<b>HENT</b>	INC

MZKZJZ INVESTMENT INC	
(Name of Corporation as	s currently filed with the Florida Dept. of State)
P16000018329	
(Document)	Number of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statits Articles of Incorporation:	tutes, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corpor	
name must be distinguishable and contain the word "corpor "Inc.," or Co.," or the designation "Corp," "Inc," or "chartered," "professional association," or the abbreviation	Thenew ration," "company," or "incorporated" or the abbreviation "Corp.,"
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRES	<u></u>
C. Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered o	office address in Florida, enter the name of the
new registered agent and/or the new registered office	
Name of New Registered Agent N/A	22 <u>- 188</u>
	(Florida street address)
	=
New Registered Office Address:	, Florida — U (City) (Zip Code)
	(zip Code)
New Registered Agent's Signature, if changing Register	red Agent:
I hereby accept the appointment as registered agent. I am	
Simumo	of New Registered Agent, if changing
	of the registered rigent, 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>	<u>Addres</u> s
1) Change	P-T	ROCIO ZORRILLA S	3545 NW 82ND ST
Add			MIAMI FL 33147
X Remove			
2) Change	PVT	SANTA SOQUIER - 100% SHARES	615 E 29TH ST
X Add			HIALEAH FL 33013
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			ra c
Add			
Remove			
6) Change			
Add			<u></u>
Remove			

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
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	/n na
	그런 끊
	SECRETARY 22 PK 1 SECRETARY OF S TALLAHASSEE
F. 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:	22 F-37
(if not applicable, indicate N/A)	
N/A	
	25 PATI
	ा ।

MAY 8,2023
The date of each amendment(s) adoption:, if other than date this document was signed.
Effective date if applicable:
(no more than 90 days after amendment file date)
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.
Adoption of Amendment(s) ( <u>CHECK ONE</u> )
☐ The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
■ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
(voting group)
Signature  OLL  Other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
ROCIO ZORRILLA SOQUIER
(Typed or printed name of person signing)
PRESIDENT-TREASURER
(Title of person signing)

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