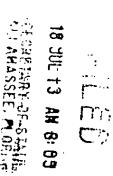
P18000054697

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
Filed In error Suffix		
Conw		

Office Use Only



800311745868



C Kinsey

FILED IN ERROR

COVER LETTER

Division of Corporations CATHLENE WCODS			
NAME OF CORPORATION: MIZ REALT DOCUMENT NUMBER: P180005666	Y LLC 77		
The enclosed Articles of Amendment and fee are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
JENNIFER ZE	GIB act Person		
MJZ REAL	TY INC.		
UV7 Sw 1144	COURT		
- PALM COTY	, FL 34970		
City/ State and	Zip Code		
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
	72,631-8577		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Flor	ida Department of State:		
☐ \$35 Filing Fee ☐\$43.75 Filing Fee & ☐\$43.75 Filing Certificate of Status Certified Cop (Additional coenclosed)	y Certificate of Status		
Mailing Address	Street Address		
Amendment Section	Amendment Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building		
1 allanassec, FL 34314	2661 Executive Center Circle		

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

MITZ REALTY LL	C.			
(Name of Corporation as currently filed with the Florida Dept. of State)				
PIBC:00056697				
(Document Number of Corporation (if known)				
Pursuant to the provisions of section 607.1006, Florida Statutes, this I its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to			
A. If amending name, enter the new name of the corporation:				
MJZ REALTY INC.	The new			
name must be distinguishable and contain the word "corporation "Corp." "Inc.," or Co.," or the designation "Corp." "Inc.," or "Coword "chartered," "professional association," or the abbreviation "I	," "company," or "incorporated" or the abbreviation O". A professional corporation name must contain the			
B. Enter new principal office address, if applicable:	-NA			
(Principal office address MUST BE A STREET ADDRESS)				
	1. S.			
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A E			
(maning damess MAT NE A FOST OFFICE BOX)				
	03			
O. If nmen ling the registered agent and/or registered office addresses rew registered agent and/or the new registered office address:	ess in Florida, enter the name of the			
Name of New Registered Agent N/A				
(Florida stree	et address)			
Here Registered Office Address:	. Florida			
(0	City) (Zip Code)			
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar wi	ith and accept the obligations of the position.			
N/A				
Signature of New Registered Agent, if changing				

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 = Treusurer; 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 us an Add.

Example: \underline{X} Change	<u>PT</u>	John Doe		
X Remove	Y	Mike Jones	N/A	
X Add	<u>sv</u>	Sally Smith		
Type of Action (Check Cine)	<u>Title</u>	<u>Name</u>		<u>Addres</u> s
1)Change			··-·	
Add				
Remove				
2) Change				
Add				
Remove		/		
3) Change				
Add		,		
Remove		,	` .	
4)Change				
Add				
Remove				
5)Chinge				
Aċd				
Remove			\	\ <u> </u>
6) Change		<u> </u>		
Add				
Remove				

Page 2 of 4

, and the second of the second	icles, enter change(s) here: (Be specific)
61/0	
NA	
If an amendment provides for an exchi	ange, reclassification, or cancellation of issued shares,
provisions for implementing the amen	ndment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
(y not opplicable, indicale N/A)	
(y not applicable, indicate N/A)	
(y not applicable, indicale N/A)	

The date of each amendment(s) adoption:	, if other than the
Effective date if applicable: 7/12/8 (no more than 90 days after amendment file date)	- 7-
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date of document's effective date on the Department of State's records.	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east 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)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 7/12/18	
Signature territ KZe 12	
(By a director, president or 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)	
TARICK ZEBIB	
(Typed or printed name of person signing)	
TRESIDENT	
(Title of person signing)	