L 22000/96439

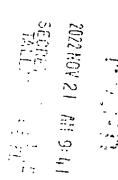
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COVER LETTER

TO: Registration Se Division of Cor				
MZ Rebuil	ds LLC			
Jobatel.	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
	ondence concerning this matter	_		
	Corey Ahern			
		Name of Person		
	MZ Rebuilds LLC			
		Firm/Company		
	7411 114th Ave N			
		Address		
	Largo, Fl 33773			2022 h
	Corey@mzrebuilds.net	City/State and Zip Code		2022 NOV 21
	E-mail address: (to be used for future annual report notificati	on)	
For further information e	oncerning this matter, please ca	all:		
Corey Ahern		678 684-8450		= = =
Name o	of Person	Area Code Daytime Tel	lephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Cop tadditional copy	Status & Dy
Mailing Addres Registration		Street Address: Registration Section	n	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MZ Rebuilds LLC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records. d Liability Company))
The Articles of Organization for this Limited Liability Compared Florida document number <u>L22000196439</u> .	ny were filed on 09-01-2022	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited li	ability company here:	
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC"	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		20 2
		- En H - · ·
inter new mailing address, if applicable:		2
Mailing address MAY BE A POST OFFICE BOX)		
numing dualess MAT BE A TOST OFFICE BOAT		9
 If amending the registered agent and/or registered offic gent and/or the new registered office address here: 	e address on our records, <u>enter t</u>	he name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Flor	rida
	City	Zip Code

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the 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.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Corey Ahem	1000 Cleveland St	🗆 Add
		Clearwater, Fl 33755	= Remove
			□Change
			□Add
			□Remove
		-	□Change
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fective date, if other than the date of filing: November 1.	5.2022 (optional)	
fective date, if other than the date of filing:	ordate of fining of more than 50 days after fitting.) I disdant to oo)5.020 acd a
ocument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effective tin is filed.	ne, at 12:01 a.m. on the earlier of: (b) The 90th day after	er the
November 17 2022		
ated ,		
ated	1/1 -0 - 1	
Signature of a member or author	Men	

Filing Fee: \$25.00