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	(Requestor's Name)
<del></del>	(Address)
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	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
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## · COVER LETTER

Division of C		
MRNT S SUBJECT:	SERVICES, LLC	
	Name of Limited Liability Company	-
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.	
Please return all corres	spondence concerning this matter to the following:	
	RAFAELA CUBEZIN	
	Name of Person	_
	RTM ITNERNATIONAL LLC	
	Firm/Company	_
	14 E WASHINGTON ST - 2ND FLOOR	
	Address	_
	ORLANDO, FL 32801	
	City/State and Zip Code	
	translationsrtm@gmail.com  E-mail address: (to be used for future annual report notification)	-
For further information	n concerning this matter, please call:	
RAFAELA CUBEZIN		
Name	at () ne of Person	भ्र
Enclosed is a check for	or the following amount:	
■ \$25.00 Filing Fee	Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certificate of Status	Filing Fee, cute of Status & ed Copy nal copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MRNT SERVICES, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	iny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on 01/03/2017	and assigned
orida document number 1.17000001247		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
IULTIFILMS WINDOW FILM LLC		
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	r the abbreviation "L.L.C."
nter new principal offices address, if applicable:	7267 CROSSROADS GARDEN I	DR UNIT 2204
Principal office address MUST BE A STREET ADDRESS)	ORLANDO, FL 32821	
nter new mailing address, if applicable:	7267 CROSSROADS GARDEN I	DR UNIT 2204
<u> 1 ailing address MAY BE A POST OFFICE BOX)</u>	ORLANDO, FL 32821	<u>-</u>
		3
. If amending the registered agent and/or registered o	_	enter the Game of the
gistered agent and/or the new registered office address her	<u>e</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	da
	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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Joao Paulo Ruciretta Junior	7267 Crossroads Garden Dr	<b>■</b> Add
		Unit 2204, Orlando FI.	□ Remove
		32821	
AMBR	Franklin Pasquevitz Barbosa	7267 Crossroads Garden Dr	
		Unit 2204, Orlando FL	□ Remove
		32821	Change
			Add
			Remove
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Filing Fee: \$25.00