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SECRETARY OF STATE
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:	MEGA TIN	ΓINTERNATIONAL LLC			
oobsec.		Name of Lim	ited Liability Company		
The enclosed	l Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	dence concerning this matter	to the following:		
		WALFER GUERRERO			
			Name of Person		
		MEGATENT INTERNATIONAL LLC			
			Firm/Company		
	4750 N LOCKWOOD RIDGE ROAD Address				
		SARASOTA, FL 34234			
			City/State and Zip Code		
		E-mail address: (to be used for future annual report noting	fication)	
For further in	iformation coi	ncerning this matter, please ca	all:		
WALFER G	UERRERO		941 580-4892 at ()		
	Name of I	Person	Area Code Daytime	e Telephone Number	
Enclosed is a	check for the	following amount:			
ጆ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional 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

MEGA TINT INTERNATIONAL I	LLC			
(Name of the Limit	ed Liability Compa (A Florida Limited)	ny as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited Li	ability Company	were filed on MA	Y 01, 2017	_ and assigned
Florida document number L17000096611	·			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liab	ility company her	<u>e</u> :	
MEGATENT INTERNATIONAL LLC				
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the des	ignation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applications	able:	4750 N LOCKWOOD RIDGE ROAD		
(Principal office address MUST BE A STREE	SARASOTA, FL 34234			
Enter new mailing address, if applicable:		4750 N LOCKW	OOD RIDGE ROAD	
(Mailing address MAY BE A POST OFFICE)	SARASOTA, FL 34234			
B. If amending the registered agent and/ registered agent and/or the new registered of Name of New Registered Agent:		<u>e</u> :	our records, <u>enter th</u>	e name of the n
	4750 N LOCKWOOD RIDGE ROAD			
New Registered Office Address:	4730 N LOCK		la street address	
	SARASOTA		, Florida ³⁴²³⁴	
		City	, 1 101 KH	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

Page 1 of 3

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
			Add
			Remove
			Change
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			Remove
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It amendi	ng any other information, enter change(s) here: (Attach additional sheets, i	if necessary.)
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ffective o	late, if other than the date of filing: MAY 01, 2017 e date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day	(optional)
Note: If th	e date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day the date inserted in this block does not meet the applicable statutory filing requirement of State's records.	ys after filing.) Pursuant to 605.0207 (3
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e record The 901	I specifies a delayed effective date, but not an effective time, at 12 th day after the record is filed.	:01 a.m. on the earlier of:
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	no lune Doctor	
•	Signature of a member or authorized representative of a member	<u> </u>
	WALFER GUERRERO	MAY F
	Typed or printed name of signee	SE - 5 -
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	Page 3 of 3	T: 5
	Filing Fee: \$25.00	Darii 💆