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(Re	questor's Name)	
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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Sec Division of Corp			
•	E WINDOW TINT & DETAI	LLLC *	
SUBJECT:		•	
	Name of Lim	ited Liability Company	·
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	ALFREDO MERCADO		
		Name of Person	
	PRIME TAX SOLUTION	SS LLC	
		Firm/Company	<u> </u>
	50 N LAURA ST STE 25	00	
		Address	
	JACKSONVILLE, FL 32	202	
	FREDO@PRIMETAXJA)	City/State and Zip Code C.COM	
	E-mail address: (to be used for future annual report notif	leation)
	oncerning this matter, please c		
ALFREDO MERCADO		904 729-0372 at ()	
Name of	Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	e following amount:		
■ \$25.00 Filing 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 S		Street Address:	rtion.
Division of Co		Registration Sec Division of Cor	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEW FACE WINDOW TINT & DETAIL LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number _ L19000245760 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the newfregistered agent and/or the new registered office address here: دب C); PRIMETAX SOLUTIONS LLC Name of New Registered Agent: 50 N LAURA ST STE 2500 New Registered Office Address: Enter Florida street address JACKSONVILLE

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>	<u>Address</u>	Type of Action
MGR	RIVERA, WILFREDO N	3820 LOSCO RD APT. 404	
		JACKSONVILLE, FL 32257	
			Remove
			□Change
			□ Add
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ote:	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t
ocume	nt's effective date on the Department of State's records.
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
record	d.
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