L210000 12088

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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FLORIDA DEPARTMENT OF STATE Division of Corporations

May 13, 2021

NATHAN B SMITH 7606 GRAND BLVD PORT RICHEY, FL 34668

SUBJECT: MEZMORIZED CUSTOMZ & AUTO DETAILING, LLC.

Ref. Number: L21000012088

We have received your document for MEZMORIZED CUSTOMZ & AUTO DETAILING, LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Signed-6442440 1:02 pm

Terri J Schroeder Supervisor

Letter Number: 321A00010087

www.sunbiz.org

COVER LETTER

TO:

TO: Registration So Division of Cor				
SUBJECT: MEZA	Monized Custom	Z & Auto Detailing died Liability Company	7, LLC	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	NAHLAN 5	Name of Person		
	MEZMORIZED	Customs & Ruto	DEtailingblo	_
	₹7606 G	Address		
	PORT RICLEY,	H. 34668 City/State and Zip Code		
	MEZMODIZEJA E-mail address: (to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	all:		
UAHAK_BS Name o	f Person	at (<u>727</u>) <u>715 - 7 Area Code Daytin</u>	239世 ne Telephone Number	
Enclosed is a check for t	ne following amount:			
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status & 🦪
Mailing Address Registration States Division of CP.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sc Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee be Street, Suite 810	₹. £. d

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mezwacized Custouz & Aleto Defalling, LLC.

(Name of the Limited Liability Company as it now appears on our records.)

(A Plorida Limited Liability Company)

The Articles of Organization for this Limited Liability Company w	ere filed on SANG	wy 04,202	and as	signed
Florida document number <u>L21000012088</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabili	ty company here:			
The new name must be distinguishable and contain the words "Limited Liability	Company," the designat	ion "LLC" or the ab	breviation "L	.L.C."
Enter new principal offices address, if applicable:	N	/A		
(Principal office address MUST BE A STREET ADDRESS)				
		<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			<u>-</u>	
B. If amending the registered agent and/or registered office ad	dress on our records	s, enter the nam	c of the nev	v registered
agent and/or the new registered office address here:				
Name of New Registered Agent:	N/A			
New Registered Office Address:		<u> </u>		_ _
	Enter Florida stre	et address , Florida	Zip Code	(,)
	City		<u>Zip</u> Code	· 1
New Registered Agent's Signature, if changing Registered Agent:			27	•
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peaccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	rformance of my di wided for in Chapte	ries, and I am f r 605, F.S. Or,	anifiar wit if ihis docu	hXand ment is

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
AMBR	Nathan B. Saith	7606 Grand Blud.	Add
			□Remove
		 	☐ Change
			□ Add
		 .	☐ Remove
			□ Change
			□Add
			Remove
			□ Change
			DAdd
		 	□Remove
			□Change
			□Add <i>♡</i>
			Remove!
			□Change
			☐Changei
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 is filed. (3)