LZ1000146788

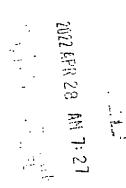
(Requestor's Name	*)
(Address)	
(Address)	
(City/State/Zip/Pho	ne #)
PICK-UP WAIT	MAIL
(Business Entity Na	ame)
(Document Numbe	r)
Certified Copies Certificate	es of Status
Special Instructions to Filing Officer:	

Office Use Only



900365007509

04/28/21--01012--020 **25.00



O SIMA(1)

COVER LETTER

Tallahassee, FL 32314

TO:

TO: Registration S Division of Co			
SUBJECT: <u>Mer</u>	x Window Ti	nting LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	7	OSÉ G Cabr Name of Person	terol
	Merx h	Dindow Tinting	FLC.
	13376 Carup	y Grove Dr, apt Address	506
		FL, 33625 City/State and Zip Code	
	Herx window E-mail address: (1	Tint@annail. wo	otification)
For further information	concerning this matter, please ca	all:	
José G	Cabrera of Person	at (813) 812 Area Code Dayt	ime Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 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 Addre Registration	Section	Street Address: Registration S	
Division of C P.O. Box 633	-	Division of C The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

2022 APR 28 AM 7: 27

Merx Window tint (Name of the Limited Liability Compan	v as it now appears on our records.)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L21000 146788</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
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 ac agent and/or the new registered office address here:	ldress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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 = A	uthorized Member	2022 APR 28 API 7: 27	
<u>Title</u>	<u>Name</u>		Type of Action
<u>HGR</u>	José Cabrera	13376 Canopy Grove Dr, Apt Tampa, FL, 33625	306 [JAdd
		 	□Change
			□ Add
			□Remove
			□Change
		·	□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
		<u> </u>	🗆 Add
			□Remove
			□Change
			□Add
			□Remove
		<u> </u>	□Change

2022 APR 28 BF 7: 28

Filing Fee: \$25.00