## 121000201428

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## **COVER LETTER**

TO: Registration Se Division of Cor			
A-N-A TIN	TZ LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	LEON JR. VICTOR EDU.	ARDO	
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	A-N-A TINTZ LLC		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	1036 SHOSHANNA DR		
		Address	
	ORLANDO, FL 32825		
		City/State and Zip Code	<del>.</del>
	luandys.vazquez@yahoo.ee		
For further information of	h-mail address: ( oncerning this matter, please c	to be used for future annual report not all:	ification)
LEON JR, VICTOR EDI		407 575-5465 ut ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	Ti \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Sc	vition
Division of C		Division of Co	
P.O. Box 632	7	The Centre of	Tallahassee
Tallahassee, I	<sup>4</sup> L 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A-N-A TINTZ LLC				
(Name of the Limit	ed Liability Compar (A Florida Limited L	ny as <mark>it now appears on ou</mark> aability Company)	r records.)	<del></del> _
The Articles of Organization for this Limited Li Florida document number <u>L21000201428</u>		were filed on 04/29/202	<u>1</u> :	and assigned
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited liabi	lity company here:		
AA PRO TINT LLC				
The new name must be distinguishable and contain the w	ords "Limited Liabili	ity Company," the designation	on "LLC" or the abbrevia	ition "L.L.C."
Enter new principal offices address, if applic	able:	1036 SHOSHANNA D	R ORLANDO FL 328	25
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	1036 SHOSHANNA D	R ORLANDO FL 328	25
B. If amending the registered agent and/or ragent and/or the new registered office address	s here:		, enter the name of t	
Name of New Registered Agent:	LEON JR, VICT	FOR EDUARDO		C.'
New Registered Office Address:	1036 SHOSHA	NNA DR		in the second se
		Enter Florida stree	et address	<u>ආ</u>
	ORLANDO		, Florida <u>32825</u>	. છો
		City		p 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
MGR	LEON JR, VICTOR EDUARDO	1036 SHOSHANNA DR ORLANDO, FL 32825	<b>=</b> Add
			Remove
			Change
			🗀 Add
			□Remove
			Change
			□Add
			□Remove
		·	□Change
			□Remove
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iote:	ve date, if other than the date of filing:
recor Lis fil	I 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 cd.
ated	05/26/2021
	Wetres troacon
	Signature of a member authorized representative of a member

Filing Fee: \$25.00