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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : WE TAXES AND MORE INC.

Account Number : I20200000043
Phone : (772)879-0010
Fax Number : (772)281-5520

\*\*Enter the email address for this business entity to be used for future:

... annual report mailings. Enter only one email address please.\*\* ...

Email Address: Wftaxes. office Ocimail. com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MOST WANTED TINT AND CUSTOMS LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
Estimated Charge	\$30.00

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Corporate Filing Menu

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TO:

## **COVER LETTER**

TO: Registration Division of	n Section Corporations	
MOST SUBJECT:	WANTED TINT AND CUSTON	1S LLC
SUBJECT:	Name of Lir	nited Liability Company
		1
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.
Please return all corre	spondence concerning this matter	r to the following:
	BRIANA MARTINS MA	CHADO
	Name of Person  Area Code  Daytime Telephone Number  Daytime Telephone Number	
	MOST WANTED TINT	AND CUSTOMS LLC
		Firm/Company
	857 BILTMORE STREE	Γ
		Address
	PORT SAINT LUCIE, FL	. 34983
	where office Channell some	•
	= =	
For further information	n concerning this matter, please o	eall:
BRIANA MARTINS		at ()
Nan	e of Person	Area Code Daytime Telephone Number
Enclosed is a check for	r the following amount:	
<b>≘</b> \$25.00 Filing Fee		Certified Copy (additional copy is enclosed)  Certificate of Status & Certified Copy
Division of P.O. Box 6	n Section Corporations	

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

MOST WANTED TINT AND CUSTOMS LLC			
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	<del></del> -	
The Articles of Organization for this Limited Liability Company Florida document number L23000121667	and assig	med	
This amendment is submitted to amend the following:	,		
A. If amending name, enter the new name of the limited liab	oility company here:		
SUPREME WINDOW TINTS LLC	<del></del>		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	breviation "L.L.(	C."
Enter new principal offices address, if applicable:	\$57 BILTMORE STREET		
(Principal office address MUST BE A STREET ADDRESS)	PORT SAINT LUCIE, FL 34983		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	420 NE SOLIDA CIRCLE PORT SAINT LUCIE, FL 34983	35 2024	<u> </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	address on our records, <u>enter the nam</u>	e of the new?	
	Enter Florida street address		<del></del>
·····	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	<b>!</b>		

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 mercly 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

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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

Title	Name	Address	Type of Action
		□Add	
			□Remove
			□Change
			[]Add
			□Remove
		!	□Change
			□ Add
			СПсточе
			□Cmnge
<del></del>			□Change
			□Add
			LIRemove
			Change
			□Add
			□ Пепюче
			☐ Change

(3)

If amending a	ny other information, enter	change(s) here: (	Attach additional shee	ts, if necessary.)	
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Note: If the date	if other than the date of filing is listed, the date must be specific as inserted in this block does not other date on the Department of	meet the applicable	te of filing or more than 90 statutory filing requirem	_ (optional) lays after filing.) Pursuant to 60 ents, this date will not be lis	5.0207 ( ted as t
record specifie d is filed.	s a delayed effective date, but m	ot an effective time,	at 12:01 a.m. on the carl	ier of: (b) The 90th day after	er the
Dated Aug	Just 2nd	, 2024.			
	yank!				
- <del></del>	/ Signature of a	t member or authorized	representative of a membe	T	

Filing Fee: \$25.00