## 

(Re	equestor's Name)	
(Ãc	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	WMI	2
	Office Use Onl	lv



07/31/24--01026--020 \*\*25.00



## **COVER LETTER**

	Registration Se Division of Cor			
emptez:	METATEC	CH SOLUTIONS USA LLC		
SUBJEC	1:	Name of Lim	ited Liability Company	<del></del>
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		ANDRES FERNANDO C	ARCAMO	
		Wahadana	Name of Person	<del></del>
		- Aprilegily	Firm/Company	
		2850 <b>y</b> STATE RD 841	OT 1-16	
		DAVIE FL 33325	Address	
			City/State and Zip Code	<del></del>
		acimtaxesolutions@gmail.c E-mail address: (	to be used for future annual report no	tification)
For further	er information c	oncerning this matter, please c	all:	
MARLY	CORDOVES		954 5734923	
	Name o	f Person	at () Area Code Daytir	ne Telephone Number
Enclosed	is a check for the	ne following amount:		
<b>■ \$25.</b> 0	00 Filing Fee	S30.00 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 Addres Registration 1		Street Address:	action
	Registration : Division of C		Registration Section Division of Corporations	
	P.O. Box 632		The Centre of	
•	Tallahassee. 1	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

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

## METATECH SOLUTIONS USA LLC

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

The Articles of Organization for this Limited Lia	bility Company	were filed on 04/10	0/2023	and :	assigned
Florida document number L23000181608	<del></del> ·				
This amendment is submitted to amend the follow	wing:			707 7.25	
A. If amending name, enter the new name of	the limited liab	oility company here	<u>e</u> :	SECRENT ALL VILVE	
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the des	ignation "LLC" or th	e appreviation	Talacas
Enter new principal offices address, if applica			RD 84 LOT 1-16		>- {
(Principal office address MUST BE A STREET	"ADDRESS)	DAVIE, FL 3332	5	17~	<del></del>
					25
Enter new mailing address, if applicable:		12850 W STATE	RD 84 LOT 1-16		_
(Mailing address MAY BE A POST OFFICE B	(OX)	DAVIE, FL 3332	5		
B. If amending the registered agent and/or reagent and/or the new registered office address		address on our rec	ords, <u>enter the n</u>	ame of the r	new registered
Name of New Registered Agent:	ACIMTAX EN	TERPRISE SOLUT	IONS LLC / MAR	LY CORDO	∕ES
New Registered Office Address:	12850 W STA	TE RD 84 LOT 1-16	<u>;</u>		
	Enter Florida street address				
	DAVIE		, Florida	33325	
		City		Zip Coe	:le

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 M	Member		

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			□Remove
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17.0041	
Note:	ve date, if other than the date of filing:
he record ord is fil	d 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 ed.
Dated .	JULY 22
	LANGUM
	<i>y</i>
	Signature of a member or authorized representative of a member