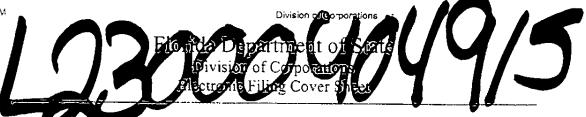
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print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Tc:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TAX ZONE INC.

Account Number : 120190000044

Phone

: (407)888-3131

Fax Number

: (888)453-0509

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: CICCOUNTANT Q taxacher. Com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **407 TINT LLC**

Certificate of Status	0
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Corporate Filing Menu

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T. LEMIEUX

APR 0 9 2024

To:

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

407 TINT LLC	*	1
(Name of the Limited Liability C (A Florida Lin	company as it now appears on our recordenited Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Com. Florida document number <u>L23000404915</u>	pany were filed on <u>08/29/2023</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and contain the words "Limited Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRES.)		or the abbreviation "L.L.C."
Enter new mailing address, if applicable:	<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)		2021 APR
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter t</u>	the name of the new registered
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address	1
		rida
AND THE COLUMN TWO COLUMNS AND THE COLUMNS AND THE COLUMN TWO COLUMNS AND THE COLUMNS AND THE COLUMN TWO COLUMNS AND THE COLUMNS AND THE COLUMNS AND THE COLUMN TWO COLUMNS AND THE COLUMNS AND THE COLUMN TWO COLUMNS AND THE COLUMN TWO COLUMNS AND THE C	City	Zip 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 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
MGR	KARLA M CRUZ GONZALEZ	4916 HOOK HOLLOW CIR	<b>≣</b> Add
		ORLANDO, FL 32837	
			(□Change
			□Remove
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			□Add
			□Remove

Effective date, if other than the date of filing:  (If an effective date, if other than the date of filing:  (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 605.022.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed of document's effective date on the Department of State's records.  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 date of th	If amending any other inform	iation, enter change(s)	here: (Attach ac	lditional sheets, if nece	ssary.)
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 605.020  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.  The effective date on the Department of State's records.  The 90th day after 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 relation of the prior of a member of a member of a member of a member.					<del></del>
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KIANO, DAVID (NIGR)	RIANO, DAVID (MO	R)			