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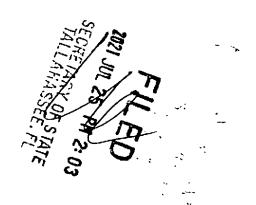
| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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TO:

| TO: Registration S Division of Co | | | | |
|--------------------------------------|---|---|--|----------------------|
| Limitless ' | Window Tinting, LLC | | • | |
| SUBJECT: | Name of Lin | nited Liability Company | | |
| The enclosed Articles of | Amendment and fec(s) are sul | bmitted for filing. | | |
| | ondence concerning this matter | | | |
| | Brittany Beuer | | | |
| | | Name of Person | | |
| | Limitless Window Tinting | ı, LLC | /2 | ed |
| | | Firm/Company | SEC IN | 27 |
| | 14140 Danpark Loop | | LLA VEDA | ١, |
| | | Address | —————————————————————————————————————— | 22 |
| | Fort Myers, FL 33912 | | HASSEE, | 7021 JUL 22 PM 2: 03 |
| | limitlesswindowtinting@gr | City/State and Zip Code nail.com | FLE | 03 |
| | | to be used for future annual report noti | fication) | |
| For further information c | concerning this matter, please c | all: | | |
| Brittany Beuer | | 239 671-4528 | | |
| Name o | of Person | Area Code Daytim | e Telephone Number | _ |
| Enclosed is a check for t | he following amount: | | | |
| □ \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing 1 Certificate of Certified Copy (additional copy i | Status & y |
| Mailing Addres Registration S | | Street Address: | ation. | |
| Division of C | | Registration Sec Division of Cor | | |
| P.O. Box 632 | .7 · | The Centre of T | | |
| Tallahassee, l | FL 32314 | 2415 N. Monroe | Street Suita 910 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Limitless Window Tinting, LLC | | |
|---|---|--------------------------------|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited | any as it now appears on our record Liability Company) | <u>ls.</u>) |
| The Articles of Organization for this Limited Liability Company | were filed on 01/30/2018 | and assigned |
| Florida document number L18000027157 | | ξ |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | oility company here: | |
| Limitless Auto Creations, LLC | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC | " or the abbreviation "L.L.C," |
| Enter new principal offices address, if applicable: | 5000 NW 64th Dr | s 2 |
| (Principal office address MUST BE A STREET ADDRESS) | Coral Springs, FL 33067 | ECH |
| | | |
| Enter new mailing address, if applicable: | 5000 NW 64th Dr | 22 PM ARY OF HASSE |
| (Mailing address MAY BE A POST OFFICE BOX) | Coral Springs, FL 33067 | E SI Si |
| | | TAI 03 |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | address on our records, <u>enter</u> | the name of the new registered |
| Name of New Registered Agent: | - | |
| New Registered Office Address: | | |
| | Enter Florida street address | 5 |
| | | orida |
| | 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 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 = N $AMBR = N$ | lanager Authorized Member | | |
|--------------------|------------------------------|---------|------------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
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| ective date, if other the effective date is listed, the | date must be spe- | cific and canno | or he prior to | date of filing | or more tha | a DO dave at. | ional) v: 6ling) Par | sugnt to | 605 D2 |
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| · | BB | olll | | | | | | | |
| | Signatu | re of a membe | er or authoriz | ed represent | ative of a m | ember | | | |
| Brittany Beuer | | | | | | | | | |
| DIRGHT BOUCE | | | | | | | | | |

Filing Fee: \$25.00