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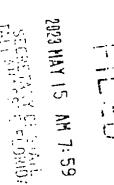
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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT: ALT	tude Window Name of Limi	Tint JJC  ited Liability Company	<del></del> .
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Terrando	J. Gonzales Name of Person	<u> </u>
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	6650 Corpor	ate Center Pkwy	Apt. 1417
	Jacksonalle	City/State and Zip Code	
	freddy j gona E-nfail address x	aleze Graci (. Can	fication)
For further information	concerning this matter, please ca	ıll:	
Fernando (	7000 ales of Person	at ( <u>40+</u> ) <u>799.05</u> Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	\$30.00 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 Addre		Street Address:	etion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Freddy & May's Transport LLC

(A Florida Limited L	iability Company)		
The Articles of Organization for this Limited Liability Company Florida document number 122 000 121 981.  This amendment is submitted to amend the following:	were filed on March 10, 20.	and assig	žue <b>g</b>
A. If amending name, enter the new name of the limited liabi	lity company here:		
Altstude Window Tint delC			
The new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the words "Limited Liability of the new name must be distinguishable and contain the new nam	ity Company," the designation "LLC" or the	abbreviation "L.L	.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	4650 Corporate Cen Apt. 1417 Jacksonvi	ter thw (1c Ff. 3	7 2211
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	6650 Carporate Ce Apt. 1417 Jacksonville	. 开. 32	registered
agent and/or the new registered office index and			
Name of New Registered Agent:		2023 HA SECRE	
New Registered Office Address:		<u> </u>	
	Enter Florida street address	्रें <del>।</del> जिल्ल	Γ.
	, Florida	7 2	517
<del></del>	City	⊃ - Zip Code	، وتقر م

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.

New Registered Agent's Signature, if changing Registered Agent:

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□ Add
			□Remove
			□Change
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			□Change

D. If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
·	
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Note: If the	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 605,0207 (3) date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
f the record spececord is filed.	cities a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
<u> </u>	2023 09 May
<u> </u>	Signature of a member or authorized representative of a member  2 rm n/ln Gon 7 n/2 7  Typed or printed name of signee