## \*L10000040877

| ,                                       |
|---|
| (Requestor's Name)                      |
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K. SALY EXAMINER SEP 1 4 2011

## **COVER LETTER**

| Division of Co               |  |   |  |  |  |
|------------------------------|--|---|--|--|--|
| SUBJECT:                     | Striking Imag                              | e Window Tint, LLC  | }  |  |  |
| SOBSECT.                     |  | ted Liability Company                                       |  |  |  |
| The enclosed Articles of     | Amendment and fee(s) are sub               | omitted for filing.   |  |  |  |
| Please return all corresp    | ondence concerning this matter             | to the following:   |  |  |  |
|                              |  | Scott Dray  |  |  |  |
|                              |  | Name of Person  |  |  |  |
|                              | Strikin                                    | g Image Window Tint, L                                      | LLC  |  |  |
| Firm/Company                 |  |   |  |  |  |
| 6520 S. US Hwy 301, Unit 104 |  |   |  |  |  |
|                              |  | Address   |  |  |  |
| Riverview, FL 33578          |  |   |  |  |  |
|                              |  | City/State and Zip Code                                     |  |  |  |
|                              | strikir<br>E-mail address: (i              | ngimagetint@yahoo.co<br>to be used for future amnual report | m tnotification)   |  |  |
| For further information      | concerning this matter, please c           | all:  |  |  |  |
|                              | Scott Dray                                 | at ( 813 )  | 504-1362   |  |  |
|                              | of Person                                  |   | Paytime Telephone Number   |  |  |
| Enclosed is a check for t    | he following amount:                       |   |  |  |  |
| \$25.00 Filing Fee           | \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enc  | \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |  |  |
| MAIL                         | ING ADDRESS:                               | STREET/CO   | DURIER ADDRESS:  |  |  |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STRIKING IMAGE WINDOW TINT, LLC

FILED 11 SEP 13 PM 1: 24

| (Name of the Limite   | d Liability Company as it now appear<br>A Florida Limited Liability Company) | rs on our records.)         | Heline                   |
|---|--|-----------------------------|--------------------------|
| The Articles of Organization for this Limited 1 Florida document numberL1000004       | · · · ·  | 04/16/2010                  | and assigned             |
| This amendment is submitted to amend the fol  | llowing:   |                             |                          |
| A. If amending name, enter the new name   | of the limited liability company her   | <u>e</u> :                  |                          |
| The new name must be distinguishable and end w "L.L.C."                               | rith the words "Limited Liability Compa                                      | iny," the designation "l    | LLC" or the abbreviation |
| Enter new principal offices address, if appli   | icable:  |                             |                          |
| (Principal office address MUST BE A STRE  | ET ADDRESS)  |                             |                          |
|   | ····   |                             |                          |
| Enter new mailing address, if applicable:   |  |                             |                          |
| (Mailing address MAY BE A POST OFFICE   | E BOX)   |                             |                          |
|   |  |                             |                          |
| B. If amending the registered agent and registered agent and/or the new registered of |  | our records, <u>enter (</u> | the name of the nev      |
| Name of New Registered Agent:   | Scott Dray   |                             |                          |
| New Registered Office Address:  | 6520 S. US Hwy 301, Unit   | 104                         |                          |
|   | En   | ter Florida street ada      | lress                    |
|   | Riverview  | , Florida                   | 33578                    |
|   | 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 608, 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.

SCOT S. DEFY

If Changing Registered Agent, Signature of New Registered Agent

H amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

| <u>Title</u>  | <u>Name</u>                           | Address  | Type of Action |
|---------------|---------------------------------------|--|----------------|
| MGRM          | Scott Bradley Dray                    | 1954 Bayou Grande Blvd. NE<br>St. Petersburg, FL 33703 | Add<br>Remove  |
| MGRM_         | Charles Marvin Dray, Jr.              | 8341 Fountain Avenue<br>Tampa, FL 33615                | ✓ Add ☐ Remove |
| MGRM          | Christina L. Cooper                   | 6757 Waterton Drive<br>Riverview, FL 33578             | Add<br>Remove  |
| MGRM_         | James A. Cooper                       | 6757 Waterton Drive<br>Riverview, FL 33578             | Add<br>Remove  |
| <del></del>   |                                       |  | Add<br>Remove  |
|               | <del></del>                           |  | Add<br>Remove  |
| D. If amend   | ling any other information, enter cha | nge(s) here: (Attach additional sheets, if necessary.) | _              |
|               |                                       |  | <del>-</del>   |
| <br><br>Dated | September 12                          | 2011   | _              |
|               | Signature of a member                 | ber or authorized representative of a member           | ············   |
|               |                                       | Christina L. Cooper ed or printed name of signee       |                |

Page 2 of 2

Filing Fee: \$25.00