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(Re	equestor's Name)	
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(Do	cument Number)	
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R. HUNT 63/3//23

## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJE	CT: ALS Window Tinting LLC Name of Limited Liability Company
	Name of Limited Liability Company
The enc	losed Articles of Amendment and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	MARYANN ORTENZIO
	MARYANN ORTENZIO  Name of Person  ALS WIN LOW Treatments  Firm/Company
	Firm/Company
	1044 Sunset Point Rd
	Cleannater, FC 33755
	City/State and Zip Code  ALSWINDOWTREATMENTS GMA  E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
M	ARLY ANN ORTENZIU 120 127-309-136   Name of Person Area Code Daytime Telephone Number
	Plante of Ferson
Enclose	d is a check for the following amount:
□ <b>\$</b> 25	.00 Filing Fee Certificate of Status Status Status Certificate of
	Mailing Address:  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Street Address: 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

ARTICLES OF	ORGANIZATI OF	
(Name of the Limited Liability Com (A Florida Limite	indow	Limited Light 1ty  In our records.)  Compared  The compared of
The Articles of Organization for this Limited Liability Compa Florida document number 12000	ny were filed on	2009 and assigned
This amendment is submitted to amend the following:		۲۲۰۰۰
A. If amending name, enter the new name of the limited li	CATME	NTS Limited Liability
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		· . ;
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	N/A	3 mr & PH 1: 0:
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our rec	ords, enter the name of the new registered
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	Enter Floride	a street address
		, Florida
	City	7.ip 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 = M $AMBR = A$	anager uthorized Member M/H		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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(If an ef <u>Note:</u>	ive date, if other than the date of filing:
ne recor	rd 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 led.
Dated	March 29, 2023
Daice	
Daicu	Signature of Member or authorized representative of a member  MARYANN ONTENZIO