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## COVER LETTER TO: Registration Section **Division of Corporations** Specialist L. L.C. The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Emile Nathaniel George Name of Person Window Tinting Specialist L.L.C. Film/Company 12869 Quailbrook Dr. Jacksonville FL. 32224 City/State and Zin Code tintspecialists 10 gmail. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Emile U. George at (904) 333 - 4959 Name of Person Area Code Daytime Telephone Number

■ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

#### **MAILING ADDRESS:**

□ \$30.00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

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

#### STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Window Tinting	Specialist L.	L.C.
Window Tinting (Name of the Limited Ciability (A Florida	ty Company as it now appears of Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability C Florida document number <u>ムリイののり入る</u>	ompany were filed on 6	2/11/2014 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
Tint Specialist The new name must be distinguishable and contain the words "Lim	L.L.C.	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDR	(ESS)	₹ 5
		C C area
		24 F
Enter new mailing address, if applicable:	<del></del>	79 7 11
Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·
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B. If amending the registered agent and/or regis registered agent and/or the new registered office add		>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
-		, Florida
	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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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Filing Fee: \$25.00