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## **COVER LETTER**

TO:	Registration Se Division of Cor		•		
SUBJEC	ADVANCE	ED WINDOW FILMS & MOR	RE LLC		
SUBJE	<u></u>	Name of Lim	ited Liability Company		
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		CLARA SCARANO			
		Name of Person			
		ADVANCED WINDOW FILMS & MORE LLC			
		Firm/Company			
		3850 NW 2ND AVE # 17			
		Address			
		BOCA RATON, FL 33432			
		City/State and Zip Code			
		E-mail address: (to be used for future annual report notification)			
For furth	ner information c	oncerning this matter, please c	all:		
CLARA	SCARANO		754 210-0305		
	Name o	f Person		Telephone Number	
Enclosed	d is a check for th	ne following amount:			
<b>■ \$25</b> .	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)	
	MAIL	ING ADDRESS:	STREET/COURII	ER ADDRESS:	

TO:

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

ADVANCED WINDOW FILMS & MORE LL	C	
( <u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Con	npany were filed on 10/15/2015	and assigned
Florida document number L15000175734		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	SS)	
		2019 SI
Enter new mailing address, if applicable:		S
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
		PH
B. If amending the registered agent and/or register		
registered agent and/or the new registered office addres	ss here:	58
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<del></del>	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, <u>enter the title, name, and address of each person\_being adde</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	MOBILE WINDOW TINTING ENTERPRISES INC	4601 SW 151 WAY	
		MIRAMAR, FL 33027	
			■ Remove
			□ Change
AMBR	VICLAR, INC	1006 FAIRFAX LANE	<b></b>
		WESTON, FL 33326	
			□ Remove
		·	Change
			□ Remove
			Change
			Add
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(If an ef <u>Note:</u>	ive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	AUGUST 31 ST  2019  Signature of member or authorized representative of a member
	CLARA SCARANO
	Typed or printed name of signee

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Filing Fee: \$25.00