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COVER LETTER

Division of Corp			
SUBJECT: <u>GE</u>	Name of Lim	DWTINTS, LLC ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
		amin A. Morilla Name of Person	
	REN	JT S WINDOW Firm/Company	11N1)+CCC
	215 SE	Ub St Cape C	o191, F1 33904
	<u>Cape</u> Ben	(010), F1 3390 City/State and Zip Code 115 IN in dow 1 in 150 To be used for future annual report notifi	oy ogmail.com
Exclusive information co	I:-mail address: (neerning this matter, please or		cativn)
4	-	at (<u>786</u>) <u>523-</u> Area Code Daytime	3547 Telephone Number
Enclosed is a check for the			
☑ \$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)
N. 11 11	w. Annorse.	erne erzzaleni	Ch a Nindee

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314 STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	DOW TINTS			
(<u>Name of the Limited Liat</u> (A Flor	oility Company as it now appe ida Limited Liability Company	ary on our records.)		
The Articles of Organization for this Limited Liability Florida document number $_L1600198823$		6/11/18	and assign	ed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liability company l	<u>nere</u> :		
The new name must be distinguishable and contain the words "L	imited Liability Company," the	designation "LLC" or the abb	reviation "L.L.C.	••
Enter new principal offices address, if applicable:		<u></u> .	<u></u> .	<u>-</u> _
(Principal office address MUST BE A STREET ADd	DRESS)			S S
			JUN JUN	- <u>5</u>
			2	957
Enter new mailing address, if applicable:			<u></u>	_
(Mailing address MAY BE A POST OFFICE BOX)			<u></u>	<u> </u>
			<u> </u>	<u> </u>
			, v	4
B. If amending the registered agent and/or registered agent and/or the new registered office ad		on our records, <u>enter</u> (the name of	the new
Name of New Registered Agent:	<u>Benjamin</u>	A. Moollo		
New Registered Office Address:	215 SE 46 Enter Fl	orida street address	F133	<u>904</u>
		Florida		
	City		Zip Code	
Now Designment Secont's Signature if changing Design	end Launer			

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; hereby continue 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 added or removed from our records</u>:

	•	
MCR =	Manager	
	• • • • • • • • • • • • • • • • • • • •	
AMBR =	= Authorized Member	

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
VP	Cyhelle Delgado		bb∧ □
	·	215 SE 46 St Cq	pe (114), F1334010 Remove
			Change
<u>_</u>			Add
			☐ Remove
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			☐ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
, ,	
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	Sign of Co
	
Note:	tive date, if other than the date of filing: 6/12/18 (optional) Bestive 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the near's effective date on the Department of State's records.
	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	B 118118
	Signature of amenibel or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00