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(Requestor's Name)	
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(Business Entity Name)	
(Document Number) Certified Copies Certificates of Status	
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COVER LETTER

TO: Registration Sec Division of Corp				
EXTREME :	FILM TECH WINDOW TINT	ING LLC		
SUBJECT:	Name of I.	limited Liability Company		
The enclosed Articles of .	Amendment and fee(s) are s	ubmitted for filing.		
Please return all correspo	ndence concerning this malt	ter to the following:		
	BRIDGELALL, DEOCHA	AND		
		Name of Person		
	EXTREME FILM TECH	WINDOW TINTING LLC	>	
		Firm/Company		
	200 78TH AVE N Apt 22	28		
	1	Address		
	ST PETERSBURG F	33702		
	tylerr408@gmail com	City/State and Zip C		
For further information co	E-mail address oncerning this matter, please	s: (to be used for future and e call:	nual report notific	ration)
DEOCHAND		727 at ()	303-7900	
Name of	Person			Telephone Number
Enclosed is a check for th	e following amount:			
☑ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing I Certified Cop- cadditional copy i	y	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	Regi: Divis Clifto 2661	EET/COURIE stration Section sion of Corporat on Building Executive Cent thassee, FL 3230	tions ter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa		 -
The Articles of Organization for this Limited Liability Company	were filed on 3/14/2017	and assigned
florida document number L17000059170		
This amendment is submitted to amend the fol lo wing:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the vords "Limited Liabil	ity Company," the designation "LLC" or the	abbreviation "L.L.C."
Inter new principal offices address, if applicable:	31316 Makinaw Ln	<u>_</u>
Principal office address MUST BE A STREET ADDRESS)	Wesley Chapel Fl. 33545	17 7
		V
1		29
Inter new mailing address, if applicable:	31316 Mackinaw Ln	
Mailing addrage MAY RE A POST OFFICE ROY	Wesley Chapel Fl. 33545	9

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

31316 Makinau Con

Enter Florida street address

2351155

Wesley Chapel. Florida 335455

New Registered Agent's Signature, if changing Registered Agent:

EXTREME FILM TECH WINDOW TINTING LLC

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 amendin or removed	g Authorized Person(s) authorized from our records:	ed to manage, <u>enter the title, name, an</u>	d address of each person being adde
MGR = - N AMBR = -	Aanager Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			□ Remove
			Change
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Page 2 of 3

D. If am	ending any other inforn			(Attach additional	sheets, if neces	ssary.)		
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E Effect	tive date, if other than t	he date of filing			(optio	nal)		`. '
(If an el	ffective date is listed, the date n If the date inserted in this	nust be specific itu d	cannot be prior to	date of filing or more	han 90 days after f	filing.) Pursuant to	605,0207 listed as	(3)(b)
docur	nent's effective date on the	Department of St	ate's records.	ne statutity tring re	quirements, tins	date will not the	iisied as	tric
	cord specifies a delay e 90th day after the re		ite, but not	an effective time	e, at 12:01 a	.m. on the ea	rlier of	:
(-)				,				
Dated	November 13	<u> </u> .	2017	_ •				
			7	0.00				
	J. Care	Signature of a m	ember or airthori	zed representative of a	member			
	DEOCHAND BRIDGE	=						
	——————————————————————————————————————	J. 1	Typed or printed	name of signee				
			Page 3	3 of 3				
			Filing Fee	· \$25.00				