117000 162660

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(Address)	
(Address)	
(City/State/Zip/Phone #)	
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(Business Entity Name)	
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O SIMMONS MAY 3 1 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Carson Cooling + Tin+ LLC Name of Limited Hability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Pat Carson Name of Person
Carson Cooling + Tint LLC Firm/Company
24636 Victoria Wood C+ Address
Lutz, FL 33559 City/State and Zip Code Sales © Carson film pros - com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Pat Cavson at (813) 358-4200 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee

MAILING ADDRESS:

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

	ing + Tint LLC
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our records.) amited Liability Company)
The Articles of Organization for this Limited Liability Co. Florida document number <u>L 17000 162660</u>	mpany were filed on July 3 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
Carson Film Pros LL	<u>C</u>
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	<u> </u>
	
	三
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	79
	ered office address on our records, enter the name of the new
registered agent and/or the new registered office addre	ss nere:
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, <u>enter the title, name, and address of each person_being added</u> <u>'or removed from our records</u>:

MGR = Manager

AMBR =	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
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Filing Fee: \$25.00