1180000 12425

(Red	questor's Name)	
(Add	dress)		
(Ade	dress)		
(City	y/State/Zip/Phor	ne #)	
PICK-UP	MAIT	MAIL	
(Bu	siness Entity Na	ame)	
(Do	cument Numbe	r)	
Certified Copies	_ Certificate	es of Status	
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COVER LETTER

TO:

TO: Registration So Division of Cor					
	SEBASWILL	WINDOW TINT LLC			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	V	VILLIAMS A PAREDES			
		Name of Person			
		SEBASWILL WINDOW TINT LLC			
		Firm/Company			
	321	3219 CARLTON ARMS DR BLDG 13			
		Address	12		
		TAMPA, FL 33614			
		City/State and Zip Code	,		
	TAMPAMULTISERVICES-INC@HOTMAIL.COM				
	E-mail address. (to be used for future annual report not	ification)		
For further information of	oncerning this matter, please c	all:			
WILLIAMS A P	AREDES	813 407-1525			
Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for t	ne following amount:				
□ \$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)		
Mailing Address Registration		Street Address: Registration Se	ection		
Division of C		Division of Corporations			
P.O. Box 632	27	The Centre of Tallahassee			
Tallahassec,	FL 32314	2415 N. Monro	e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	SEBASWILL W					
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now app Liability Compan	<u>ears on our recor</u> y)	<u>'ds.</u>)		
The Articles of Organization for this Limited Florida document number	Liability Company	were filed on	01/16/2018	·	ar	nd assigned
This amendment is submitted to amend the fo	llowing:					
A. If amending name, enter the new name	of the limited liab	oility_company	here:			
WINDOW TINT VENEZUELA LLO						
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," th	ne designation "LL	C" or the	abbreviati	on "L.L.C."
Enter new principal offices address, if appl	icable:	N/A		•	φ.;.	
(Principal office address MUST BE A STRE					· -	
						•
Enter new mailing address, if applicable:		N/A				
(Mailing address MAY BE A POST OFFICE	E BOX)			÷		
B. If amending the registered agent and/or agent and/or the new registered office addr		address on ou	r records, <u>ente</u>	r the na	ıme of th	e new register
Name of New Registered Agent:	N/A					
New Registered Office Address:	N/A					
New Negricoled Office (Nacress).		Enter l	Florida street addre	25.5		
			, F	lorida		
		City	,	_	Zip	Code
New Registered Agent's Signature, if changing	Registered Agent	<u>.</u>				
I hereby accept the appointment as registed provisions of all statutes relative to the pro accept the obligations of my position as reg	per and complete	e performance	of my duties, a	ınd I ar	n familia	ir with and

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
N/A 	N/A	N/A	🗀 Add
		□Change	
			: □Remove
			Change
		<u></u>	- : ☐ i ☐ Add
		- <u>-</u>	
			☐ Change
			□Add
			□Remove
		Change	
		□Add	
		□Add	
		□Remove	
			☐ Change

N/A	
	
	<u> </u>
	. . -
Effective date, if other than the date of filing:	(optional) or to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3
(If an effective date is listed, the date must be specific and cannot be prior	or to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 cable statutory filing requirements, this date will not be listed as th
document's effective date on the Department of State's records	s.
he record specifies a delayed effective date, but not an effective ord is filed.	time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated 06-23-2020.	<u> </u>
Signature of a member or auti	
Signature of a member or aut	horized representative of a member
Signature of a memori of dott	* ***
WILLIAMS A	A PAREDES
Typed or prin	ited name of signee

Filing Fee: \$25.00