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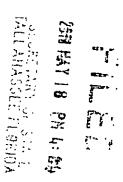
(Requesto	or's Name)
(Address)	
, (Address)	
(City/State	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	s Entity Name)
(Docume	nt Number)
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HARRIS

A.B.S. OF JACKSONVILLE, INC 6554 103RD Street

6554 103RD Street
Jacksonville, FL 32210
904-777-1533
904-777-1717 (fax)
absparalegal@yahoo.com

May 14, 2018

Florida Department of State Registration Section Division of Corporations

Attn: LLC Amendments

RE: L18000117165

Sir

On May 9, 2018 I filed a new LLC online for DJ's Window Tint, LLC. Today, May 14, 2018, I received the email confirming its acceptance and the certificate of status. The owner of the LLC has decided that he now wants the name to be **DJ's Custom Window Tint, LLC** and wants to start business under this name ASAP.

Enclosed, please find the Articles of Amendment and the filing fee. I would appreciate it if after the amendment has been accepted, if you could email or fax me the acceptance letters. My email address is absparalegal@yahoo.com and my fax number is 904-777-1717.

I have also included a pre-paid priority mailer to return the originals.

Your cooperation is greatly appreciated.

If you have any further questions, please contact me at 904-777-1533.

Regards

Jeffrey L. Hill ABS of Jacksonville, Inc

COVER LETTER

SHBIEC				
SOBJEC		Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspo	ondence concerning this matter	to the following:	
	Registration Section Division of Corporations DJ's Window Tint, LLC Timuted Liability Company losed Articles of Amendment and fee(s) are submitted for filing, eturn all correspondence concerning this matter to the following: Jeffrey Hill			
			Name of Person	
-		ABS of Jacksonville, Inc.		
			Name of Person Name of Person	
		6554 103rd Street		
		<u> </u>	Address	
		Jacksonville, FL 32210		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For further	er information c	oncerning this matter, please ca	all:	
Jeff Hill				
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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**

DJ's Window Tint, LLC		
(Name of the Limited Li (A FI	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili Florida document number L18000117165	ty Company were filed on May 9, 2018	and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
DJ's Custom Window Tint, LLC		
The new name must be distinguishable and contain the words	'Limited Liability Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	:	
(Principal office address MUST BE A STREET Al	DDRESS)	
Paragraph of a section to		200 co 1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or r registered agent and/or the new registered office.		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Enter Florida street address	
-	, Florid	da
	•	zip Code
New Registered Agent's Signature, if changing Regis	terea 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Type of Action** <u>Title</u> <u>Name</u> Address □ Add ☐ Remove ☐ Change □ Add ☐ Remove ____ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove Change

Change

Change _D Add ☐ Remove

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Effective date, if other than if an effective date is listed, the date Note: If the date inserted in the document's effective date on the	must be specific and can is block does not meet	the applicable stat				
ne record specifies a dela The 90th day after the		e, but not an ef	fective time, at	12:01 a.m.	on the ea	
May 14	2	018			En Ann	ST.
Dated May 14	7	·			35.7	
	Signature of a men	ber or authorized rep	resentative of a mem	ber		D K
Darryl Medvec						

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00