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(Requ	uestor's Name)
(Addr	ess)
(Addı	ess)
(Ĉity/:	State/Zip/Phone #)
PICK-UP	WAIT MAIL
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(Document Number)	
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2019 JAN 17 PH 3: 55

01/18/19--01001--087 **25.00



M. MILLIGAN JAN 17 2019

COVER LETTER

Division of Cor	porations		
SUBJECT: RO	AD PUNWER Name of Lin	WINDOW T	INT CLC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing	
Please return all correspo	ondence concerning this matter	to the following:	
	Nelson	A Ochoa	
	Road Runn	er Window Ti	nt LLC
	5024 Polaris	S Cove Address	
	Greenacres	FL 33463 City/State and Zip Code a 305 @ aol. Com (to be used for future annual report	3
	nelsonocho	a305@ aol.com	
For further information c	oncerning this matter, please c		notification)
Nelson A	Ochoa	at (561) 53	1-9618
Name o	f Person	at (<u>561</u>) 53 Area Code Da	ytime Telephone Number
Enclosed is a check for the	he 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:

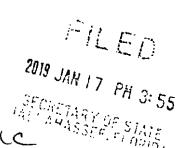
TO:

Registration Section

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



- hoad hunge	trit wohnly is	CC ASSER FINANCE
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on or da Limited Liability Company)	ir records.)
The Articles of Organization for this Limited Liability Florida document number <u>L190000770</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lis	mited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u>.</u>	··· · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ad-		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stra	vet 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, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AR	Ochoa, Nelson A	5024 POLARIS COVE	Add
		5024 POLARI> COVE Greenacrus, FL 3346	3 Remove
			□ Change
MGR	Ochoa, Nelson A	5024 POLARIS COVE	∕∆dd
	GREENACRES, FL 3346	Remove	
		·	Change
			Add
			□ Remove
			Change
			🗆 Add
		<u></u>	□ Remove
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			Add
			Remove
			[] Chance

D. If am	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
E 1166		
(It an c <u>Note</u>	ctive date, if other than the date of filing:	07 (3)(b) is the
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier on the specifies and the record is filed.	of:
Date	d 1/16 2019	•
	Signature of a member or authorized representative of a member	~;·;
	Ochoa, Nelson A Typed or printed name of signee	F
	Page 3 of 3	

Filing Fee: \$25.00