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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
(0.13/10.1010.1.)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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MAR 1 9 2021 S. YOUNG



COVER LETTER

TO: Registration Section Division of Corporations	n' P
SUBJECT: FADE 2 BLAK WIND Name of Limited I.	an TINTING LLC.
Name of Limited L	iability Company
The enclosed Articles of Amendment and fee(s) are submitte	d for filing.
Please return all correspondence concerning this matter to the	following:
Tyana R. W.	45HIN670
Froe 2 black	Firm/Company
	Firm/Company
_78 Laura on	UNITA
_	Address
OCALA, PL 344	<i>%</i>
Cit	y/State and Zip Code
EMERINSES OTW	y/State and Zip Code 7
For further information concerning this matter, please call:	
- -	2-2 226 (-1.2
TY-QUAN R. WASHINGTON Name of Person	at (\$32) 270. \$352 Area Code Daytime Telephone Number
Traile Of Colonia	
Enclosed is a check for the following amount:	
	1 \$55.00 Filing Fee & □ \$60.00 Filing Fee,
Certificate of Status	Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FADE 2 BLACK WINDOW TINTING, LCC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Acb. 25- 2020 and assigned Florida document number L20000263203 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: OTW ENTERPRISES, LLC The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address City

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 = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
AP	TY-QUAN R. WASHINGTON	78 LAUREL DR #2	
		CCALA, FL 34480	□Remove
			XChange (TITLE
AMBR	TY-buan R. WASHINGTON	78 LAURA DR 42	XAdd (TITLE)
		78 LAURA DR 42 OCALA, FL 34480	□ Remove
			□Change
			□Add
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<u>te:</u> If the date inserted	than the date of filing:	he applicable statutory	or more than 90 days after filing requirements, the	er filing.) Pursuant to 605.0207 iis date will not be listed as
ecord specifies a delay is filed.	ed effective date, but not an e	ffective time, at 12:01 (a.m. on the earlier of: (b) The 90th day after the
ted <u> 31</u>	. 6	1021		
	Signature of a memb	er or authorized represen	tative of a member	
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Filing Fee: \$25.00