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COVER LETTER

CT:	One Stop Tint Shop	LLC				
	Name of Lin	nited Liability Company				
losed Articles o	f Amendment and fee(s) are sub	omitted for filing.				
eturn all corresp	ondence concerning this matter	to the following:				
		Sydney Cruz				
		Name of Person				
	(One Stop Tint Shop	LLC			
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		316 Myrtle s	st		AUG -	
		Address		表名	<u>-</u> 0	1 1 1
	Punt	a Gorda . FL 33950		38E	PH	
		City/State and Zip Code			ယ္	*
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ner information of			eport notification)			
Jonat	han Puello	at (305)	912-7716			
Name o	of Person	Area Code	Daytime Telephone	Number		
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	Division of Concentration of Concentrati	Punt. Punt. Or E-mail address: (ner information concerning this matter, please c Jonathan Puello Name of Person d is a check for the following amount: 200 Filing Fee	CT: One Stop Tint Shop LLC Name of Limited Liability Company closed Articles of Amendment and fee(s) are submitted for filing, eturn all correspondence concerning this matter to the following: Sydney Cruz	CT: One Stop Tint Shop LLC Name of Limited Liability Company closed Articles of Amendment and fee(s) are submitted for filing, enturn all correspondence concerning this matter to the following: Sydney Cruz	Division of Corporations CT: One Stop Tint Shop LLC Name of Limited Liability Company closed Articles of Amendment and fee(s) are submitted for filing, eturn all correspondence concerning this matter to the following: Sydney Cruz Name of Person One Stop Tint Shop LLC Firm/Company 316 Myrtle st Address Punta Gorda , FL 33950 City/State and Zip Code OneStopTintShopLLC@Gmail.Com E-mail address: (to be used for future annual report notification) ner information concerning this matter, please call: Jonathan Puello Name of Person Area Code Daytime Telephone Number d is a check for the following amount: 00 Filing Fee Certificate of Status Certificate Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee	Division of Corporations CT: One Stop Tint Shop LLC Name of Limited Liability Company closed Articles of Amendment and fee(s) are submitted for filing. eturn all correspondence concerning this matter to the following: Sydney Cruz Name of Person One Stop Tint Shop LLC Finn/Company 316 Myrtle st Address Punta Gorda , FL 33950 City/State and Zip Code One Stop TintShop LLC@Gmail.Com E-mail address (to be used for fixure annual report notification) ner information concerning this matter, please call: Jonathan Puello Name of Person At (305) Area Code Daytime Telephone Number It is a check for the following amount: Of Filing Fee Status Certified Cupy (additional copy is enclosed) Mailling Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

•	One Stop Tint Shop LLC		
(<u>*</u>	Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.) any)	
The Articles of Organization for	this Limited Liability Company were filed o	on07/23/2021	_ and assigned
Florida document number	L21000335717		
This amendment is submitted to	amend the following:		
A. If amending name, enter th	ne new name of the limited liability compa	ny here:	
The new name must be distinguishable	and contain the words "Limited Liability Company,"	the designation "L.f.C" or the abbre	eviation "L.L.C."
Enter new principal offices ad	dress, if applicable:		20
(Principal office address MUST	BE A STREET ADDRESS)	<u> </u>	2 -
			5
		<u> </u>	9
Enter new mailing address, if a	applicable:	S O H	P 11
Mailing address MAY BE A P	OST OFFICE BOX)	UST.	ين ''
			12
3. If amending the registered agent and/or the new registere	agent and/or registered office address on o d office address here:	ur records, enter the name o	of the new regis
Name of New Register	ed Agent:		
New Registered Office	A ddroec		
New Registered Office		r 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Jonathan Puello	316 Myrtle st Punta Gorda, FL 33950	ØAdd
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