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Office Use Only



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2022 JUL 25 PM 2: 47

COVER LETTER

TO: Registration Se Division of Cor									
	des 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	ndence concerning this matter	to the following:							
	Ryan D Shaw								
		Name of Person							
	Perfect Shades Window Ti	nt LLC							
		Firm/Company							
	6380 Lansdowne Circle								
		Address							
	Boynton Beach Fl 33472								
		City/State and Zip Code							
	RDShaw99@yahoo.com	to be used for future annual report not	Ornation						
For further information c	oncerning this matter, please c	·	incation,						
Ryan D Shaw		561 6769214							
Name o	f Person		ne Telephone Number						
Enclosed is a check for th	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 Addres Registration S		Street Address: Registration Se	ction						
Division of C		Division of Con							
P.O. Box 632		The Centre of Tallahassee							

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 JUL 25 PM 2: 47

Perfect Shades Window Tint LLC

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

TALLAHASSEE, FI

(A Florida Limited	Lianitity Company)	TENNASSEE, FL
The Articles of Organization for this Limited Liability Company	y were filed on 5/19/2011	and assigned
Florida document number L22000252077		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility 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:		75.11
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office	address on our records, enter t	he name of the new register
agent and/or the new registered office address here:		
Name of New Registered Agent:		
Name of New Registered Agent.		· ·
New Registered Office Address:	Enter Florida street address	
	nnter riorida sireet adaress	
	, Flo	rida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>1</u>	
hereby accept the appointment as registered agent and ag		
provisions of all statutes relative to the proper and complete		

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, 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
Pres	Ryan D Shaw	6380 Lansdowne Circle	
		Boynton Beach, Fl. 33472	≡ Remove
			□Change
AMBR	Ryan D Shaw	6380 Lansdowne Circle	\equiv Add
		Boynton Beach, Fl. 33472	□Remove
			□Add
			□Remove
			□Change
			DAdd
			□Remove
			□ Change
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			□Change
			□Add
			□Remove
			□Change

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