9/22/22, 12:28 PM

Division of Corporations

## Florida Department of State Division effectors

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600

Fax Number : (323)389-0502

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

<b>Email</b>	Address:			

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TINT IT AND WRAP IT UP LLC

Certificate of Status	0
Certified Copy	1
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# ARTICLES OF AMENDMENT TO ### \* ARTICLES OF ORGANIZATION OF

TINT IT AND WRAP IT UP LLC		
(Name of the Limited Liability C (A Florida Lia	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number <u>L22000393929</u> .	npany were filed on 09/08/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
TINT & WRAP BY RC LLC		
The new name must be distinguishable and contain the words "Limited	f Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	SS)	
The party of the same of the s		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<del>_</del>	
B. If amending the registered agent and/or register		
registered agent and/or the new registered office addres	ss here:	022 110 110
		SEP SEP
Name of New Registered Agent:		~ · · · · · · · ·
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida 😚 💢 😛
towns the state of	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

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### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	d Liability Company as it now appears on our records.)
(Name yr sig Council	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)
The Articles of Organization for this Limited Lia	
Florida document number L22000393929	<del></del>
This amendment is submitted to amend the follow	wing:
A. If amending name, enter the new name of	the limited liability company here:
TINT & WRAP BY RC LLC	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:
(Principal office address MUST BE A STREET	T ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE B	<u></u>
B. If amending the registered agent and/or the new registered of	or registered office address on our records, enter the name of the
B. If amending the registered agent and/oregistered agent and/or the new registered off	or registered office address on our records, <u>enter the name of ti</u> <u>fice address here</u> :
registered agent and/or the new registered off	fice address here:
Name of New Registered Agent:	or registered office address on our records, <u>enter the name of the fice address here</u> :
registered agent and/or the new registered off	fice address here:
registered agent and/or the new registered off  Name of New Registered Agent:	fice address here:

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

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MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Title	<u>Name</u>	Address	Type of Action
<del></del>			□ Add
			□ Remove
			□ Chunge
<del></del>			C Add
			☐ Remove
			Change
			□ Add
			Remove
			Change
			Add
			Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			DbA □
			Remove
			Change

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). If amending any	other information, enter change(s) here: (Attach additional sheets, if necessary.)
<del>-,</del>	
Note: If the date is	other than the date of filing:
f the record speci b) The 90th day	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: after the record is filed.
Dated 9-	18-2022 Signature of a member or authorized representative of a member
Richard	d Campbell
	Typed or printed name of signee

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