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COVER LETTER

TO: Registration So Division of Cor			
subject: <i>5/</i> 3	NTY'S WINDE	Pal TINTING "LLC	· ·
	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	YASIR	SAUTUEO HON.	SALVE
	5AXITY	5 WINDOW TIN Firm/Company	TING LLC"
	13655	SW 157TH C	· T
	MIAMI,	Address Fish A 33/4 City/State and Zip Code	26 Signature -
	E-mail address: (to be used for future annual report notif	ication)
For further information of	oncerning this matter, please c	all:	. TO COMP. C
YAGIR	HODS ALVE	at (561) 311	9317
Name o	f Person		e Telephone Number
Enclosed is a check for the	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 Address Registration S Division of C P.O. Box 632 Tallahassee,	Section Torporations 7		porations allahassee 2 Street, Suite 810
		Tallahassee, FL	32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Company)	pears on our record	"[] ['de C'		
The Articles of Organization for this Limited Liability Company were filed on Florida document number 2300013593	04-14	-2023	_ and as	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability company	y here:			
The new name must be distinguishable and contain the words "Limited Liability Company." t	he designation "LLC	or the abbre	viation "l.	L.C."
Enter new principal offices address, if applicable:			20	
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	23 JUN -	;
Enter new mailing address, if applicable:		· .		: क1 च्ये क (स्
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office address on ou agent and/or the new registered office address here: Name of New Registered Agent:	ır records, <u>enter</u>	the name o	f the ne	w registere
New Registered Office Address:				
	Florida street addres	r,r		
	. FI	orida		
City	,		Zip Code	·-

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>	<u>Name</u>	<u>Address</u>	Type of Action
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re date, if other than the date of filing: ctive date is listed, the date must be specific and cannot be f the date inserted in this block does not meet the ap nt's effective date on the Department of State's rec	prior to date of filing or mo pplicable statutory filing		filing.) Pursuant to
d specifies a delayed effective date, but not an effecti ed.	ive time, at 12:01 a.m. o	n the earlier of: (b)) The 90th day a
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Signature of a member or	authorized representative	of a member	