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## **COVER LETTER**

	on of Corp				•
D SUBJECT:	&A Windo	ow Tinting, LLC.			
30b3LC1		Name of Lim	ited Liability Company		<del></del>
The enclosed A	articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please return al	ll correspor	ndence concerning this matter	to the following:		
		David Downes			
			Name of Person	-	
		D&A Window Tinting, LL	C.		
			Firm/Company		
		2323 North State Street, U	nit 100		
			Address		
		Bunnell, Florida 32110			
			City/State and Zip Code		<del></del>
		dawindowtinting@gmail.co	m to be used for future annual re		
	.•			eport notification)	
For further into	rmation co	oncerning this matter, please ca	att;		
David Downes			at ()	-1759 	
	Name of	Person	Area Code	Daytime Teleph	one Number
Enclosed is a c	heck for th	e following amount:			
■ \$25.00 Fili	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)		S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ng Address		Street Ad		
_	stration S	ection orporations		tion Section of Corporation	ons
	Box 632			tre of Tallaha	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D&A Window Tinting, LLC		L 24 00015	<u> </u>
(Name of the Limite	d Liability Compa A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Lia Florida document number April 1, 2024	ability Company	were filed on March 29, 2024	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and contain the we Enter new principal offices address, if applica		lity Company," the designation "LLC" of David Downes	the abbreviation "L.L.C."
(Principal office address MUST BE A STREET		35 Rolling Fern Dr	艺 五
		Palm Coast, FL 32164	8
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>30x)</u>		<b>34 1. 05</b>
B. If amending the registered agent and/or reagent and/or the new registered office addres	**	address on our records, enter the	name of the new registered
Name of New Registered Agent:	David Downes		
New Registered Office Address:	2323 North Sta	te Street, Unit 100  Enter Florida street address	
	Bunnell	. Flori	da <u>32110</u>

## 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. Thereby confirm that the limited liability company has been notified in writing of this change.

City

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>	Address	Type of Action
MGR	David Downes	35 Rolling Fern Dr., Palm Coast, FL 32164	<b>=</b> Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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		<u> </u>	□Change
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n effective ote: If the	te, if other than the dat date is listed, the date must be s date inserted in this block of effective date on the Depart	pecific and cannot be loss not meet the a	applicable statute	ry filing requiren	nents, this date will	suant to 605.0207 not be listed as
ecord spe is filed.	ifies a delayed effective dat	e, but not an effec	tive time, at 12:0	I a.m. on the ear	lier of: (b) The 90	th day after the
ted		·	·			
-	Sign	ature of a member of	or authorized repres	entative of a memb	er	