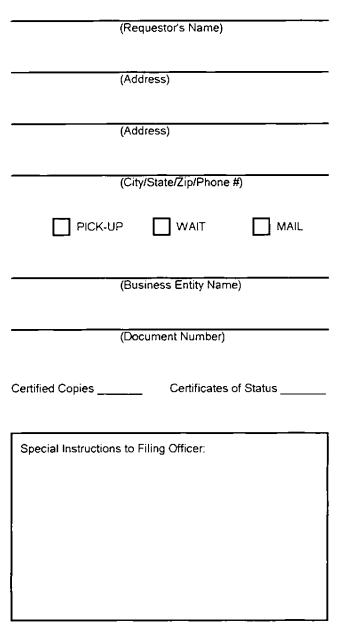
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Office Use Only



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COVER LETTER

TO: Amendment Sect Division of Corpo			
NAME OF CORPO	RATION: ERIK'S TINT SHO	OP, INC	
	BER: P05000061193		
The enclosed Articles	of Amendment and fee are su	bmitted for filing.	
Please return all corres	spondence concerning this ma	atter to the following:	
	BRANDON KEMP		
		Name of Contact Person	1
		Firm/ Company	
	2442 SW 14th Terrace		
		Address	,
	Palm City, FL 34990		
		City/ State and Zip Code	ę
	BKEMP19@GMAIL.COM		
	E-mail address: (to be u	sed for future annual report	notification)
for further information	n concerning this matter, plea	se call:	
BRANDON KEMP		at (475-5239
Name o	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Amend Division The Co 2415 N	Address Iment Section on of Corporations entre of Tallahassee N. Monroe Street, Suite 810
		Tallahassee, FL 32303	

Articles of Amendment to Articles of Incorporation of

ERIK'S TINT SHOP, INC				
(Name o	of Corporation as cu	urrently filed with the Florida De	pt. of State)	
P05000061193				
	(Document Nu	mber of Corporation (if known)		
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statute	es, this <i>Florida Profit Corporation</i> :	adopts the following	g amendment(s) to
A. If amending name, enter the new na	ame of the corporat	tion:		
				The new
name must be distinguishable and contain "Inc.," or Co.," or the designation "Cateriared," "professional association,"	Corp," "Inc," or "C	Co". A professional corporation	" or the abbreviation name must contain	on "Corp.,"
B. Enter new principal office address.	if applicable:			
(Principal office address MUST BE AS	TREET ADDRESS)		
				
				
C. Enter new mailing address, if appli	icable:			
(Mailing address MAY BE A POST			 .	
				
D. If amending the registered agent ar	nd/or registered offi	ice address in Florida, enter the na	ame of the	
new registered agent and/or the new	BRANDON KEMI			
Name of New Registered Agent	DRAMION KISHI			-
	2442 SW 14th Tem	ace		_
	(Fle	orida street address)		
New Registered Office Address:	Palm City		34990 , Florida	
New Regimered Office ridar and.		(City)	(Zip C	Code)
				20
New Registered Agent's Signature, if c	hanging Pagistaradi	i Agent		721
I hereby accept the appointment as regist	tered agent. I am fa	miliar with and accept the obligation	ons of the position.	2021 1557
				25
	Signature of	New Registered Agent, if changing	· · · · · · · · · · · · · · · · · · ·	- - ا الوي
	oignature Of	THE WAS MESSIELE OF A MESSIE, I CHAINSINS		 ယ
Check if applicable		20/11/20 17/5		0
☐ The amendment(s) is/are being filed p	oursuant to s. 607.012	20 (11) (e), £.S.		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X_Change	<u>PT</u> <u>John</u>	<u>i Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	e Jones	
_X Add	SV Sally	y <u>Smith</u>	
Type of Action (Check One)	<u>Title</u>	Name	<u>Addres</u> s
1) Change	P	ERIK MORT	
Add X Remove			
2) Change	<u>v</u>	DAWN MORT	
Add X Remove Change	P	BRANDON KEMP	2442 SW 14th TERRACE
X Add Remove 4) Change Add			PALM CITY, FL 34990
Remove 5) Change Add			
Remove Change Add Remove			

, 7	(Be specific)
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ovisions for implementing the ame	endment if not contained in the amendment itself:
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no amendment provides for an exch covisions for implementing the ame (if not applicable, indicate N/A)	endment if not contained in the amendment itself:
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ovisions for implementing the ame	endment if not contained in the amendment itself:

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	t(s) adoption:	, if other than the
date this document was signed		
Effective date if applicable:	JUNE 2, 2021	
·	(no more than 90 days after amendment file date)	
Note: If the date inserted in document's effective date on t	this block does not meet the applicable statutory filing requirements, this date will be Department of State's records.	l not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
☐ The amendment(s) was/we action was not required.	re adopted by the incorporators, or board of directors without shareholder action and	i shareholder
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The number of votes cast for the amendment(s) ere sufficient for approval.	
☐ The amendment(s) was/we must be separately provide	re approved by the shareholders through voting groups. The following statement ed for each voting group entitled to vote separately on the amendment(s):	
"The number of vote	s cast for the amendment(s) was/were sufficient for approval	
		207
<i>uy</i>	(voting group)	2021 HAY
		= :
05/21	/2021	25
Dated		p
Signature _		
(E	By a director, president or other officer – if directors or officers have not been elected, by an incorporator – if in the hands of a receiver, trustee, or other court ppointed fiduciary by that fiduciary)	- 30
	BRANDON KEMP	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	

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