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COVER'LETTER

TO: Amendment Section Division of Corporations

NAME OF CORI	PORATION: XCLUSIVE WINI	DOW TINTING INC	
	JMBER: P11000023938		
	cles of Amendment and fee are su	bmitted for filing.	
Please return all co	orrespondence concerning this ma	itter to the following:	
	AMANDA M. MOLL		
		Name of Contact Person	1
	XCLUSIVE WINDOW TINTING INC		
		Firm/ Company	
	755 BENNETT ROAD	, ,	
	 	Address	
	ORLANDO, FL 32803		
		City/ State and Zip Cod	2
	ANABELLET@GMAIL.CO	M	
	E-mail address: (to be us	sed for future annual report	notification)
For further information	ation concerning this matter, plea		930-7382
Name of Contact Person		at (Area Co) 930-7382 de & Daytime Telephone Number
	k for the following amount made		
S35 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 Divisio The C	Address ment Section in of Corporations entre of Tallahassee V. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

VOL	TICINE.	WINDOW	TINITING INC.

XCLUSIVE WINDOW TINTING INC	
(Name of Corporation as currently filed with the Florida Dept	. of State)
P11000023938	
(Document Number of Corporation (if known)	· · · · · · · · · · · · · · · · · · ·
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> ad its Articles of Incorporation:	lopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation," "company," or "incorporated" "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation no "chartered," "professional association," or the abbreviation "P.A."	
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	in in the second second
	# F
C. Enter new mailing address, if applicable:	Mag - M
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	(A) (A)
	· · ·
D. If amending the registered agent and/or registered office address in Florida, enter the name new registered agent and/or the new registered office address:	ne of the
Name of New Registered Agent	
	
(Florida street address)	
New Registered Office Address: (City)	, Florida
· 	(D) Silver
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar with and accept the obligation:	s of the position.
Signature of New Registered Agent, if changing	
Cheek if applicable	
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.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)

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>Joh</u>	n Doe	
X Remove	<u>V</u> <u>Mil</u>	ke Jones	
X Add	<u>SV</u> <u>Sal</u>	ly Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	PT	AMANDA M. MOLL	755 BENNETT ROAD
X Add			ORLANDO, FL 32803
Remove			
2) Change	PT	ALEX MOLL	755 BENNETT ROAD
Add			ORLANDO, FL 32803
X Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)
	
f an amendment provides for an excl provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
f an amendment provides for an excl provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
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provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

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		08/27/2020	
The date of eac date this docum	ch amendment(s) ade ent was signed.	ption:	if other than the
Effective date i	if applicable:		
_		(no more than 90 days after amendment file	e date)
		ck does not meet the applicable statutory filing requirement of State's records.	rements, this date will not be listed as the
Adoption of Ar	mendment(s)	(<u>CHECK ONE</u>)	
The amendm	•	ted by the incorporators, or board of directors without s	shareholder action and shareholder
	nent(s) was/were adop holders was/were suf	ted by the shareholders. The number of votes cast for ticient for approval.	he amendment(s)
		oved by the shareholders through voting groups. The fa ach voting group entitled to vote separately on the ame	
"The n		or the amendment(s) was/were sufficient for approval	
by		(voting group)	
		(voting group)	
	08/27/2020 Dated	Imada Tholle	
	(By a dir selected.	ector, president or other officer – if directors or officers by an incorporator – if in the hands of a receiver, trusted d fiduciary by that fiduciary)	
	I	MANDA M. MOLL	
	_	(Typed or printed name of person signing)	
	F	RESIDENT	
	-	(Title of person signing)	