P14000025583

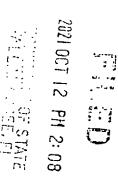
(Requestor's Name)
(to positive views)
(Address)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

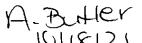




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COVER LETTER

TO: Amendment Section Division of Corporations	
NAME OF CORPORATION: TINT AMERICA AUTO, INC. DOCUMENT NUMBER: P14000025583	
The enclosed Articles of Amendment and fee are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
HECTOR DE JESUS Name of Contact Person	-
TINT AMERICA AUTO, INC	-
1405 N CONGRESS AVE SUITE	2
NELRAY BEACH FL 33 445 City/ State and Zip Code	-
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
HELTOR DE JESUS al 564, 445-7575	
Name of Contact Person Area Code & Daytime Telephone Number	r
Enclosed is a check for the following amount made payable to the Florida Department of State:	
\$35 Filing Fee Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)	
Mailing Address Amendment Section Amendment Section Amendment Section	

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment

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to Articles of Inco	enoration
Articles of face	r por acton
TINT AMERICA AUT	O INC FILED
(Name of Corporation as currently	filed with the Florida Dept. of State)
P 14000025583	2021 OCT 12 PH 2: 08
(Document Number of	Corporation (if known)
Pursuant to the provisions of section 607.1006 , Florida Statutes, this F its Articles of Incorporation:	Torida Profit Corporation adopts the following amendment(\$) to [1]
A. If amending name, enter the new name of the corporation:	
	1/14
name must be distinguishable and contain the word "corporation." "ce "Inc.," or Co.," or the designation "Corp." "Inc.," or "Co". A "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	mpany, "or "incorporated" or the abbreviation "Corp.," professional corporation name must contain the word MA
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BOX</u>)	N/A
D. If amending the registered agent and/or registered office address:	ess in Florida, enter the name of the
Name of New Registered Ayent	
tFlorida stre	et address)
New Registered Office Address:	. Florida
	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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.

Example:

X Change	<u>PT</u> <u>John Doe</u>	
X Remove	V Mike Jones	
X Add	<u>SV</u> <u>Sally Smith</u>	
Type of Action (Check One)	<u>Title</u> <u>Name</u>	<u>Addres</u> s
1) Change	P DEJESUS, HECTOR	8477 NW 232 MANOR WEST
Add	0 ()	CORAL SPRINGS, FL 33065
2)Change	P CERVANTES ROJAS, LILIA	8477 NW 23 RD MAWOR WEST CORAL SPRINGS, FL
Remove 3) Change		33065
Add		
Remove		
4) Change		
Add		
Remove		
51 Change		
Add		
Remove		
6) Change		
Add		
Remove		

amending or adding additional Articl tach additional sheets, if necessary).	Be specific)			
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n amendment provides for an excha- ovisions for implementing the amen	age, reclassification, or can Iment if not contained in t	cellation of issued sha he amendment itself:	res,	
(if not applicable, indicate N/A)				
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The date of each amendment(s) adoption: (0/9/1/	if other than the
date this document was signed.	
Effective date if applicable: 0/9/1/ (no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and action was not required.	shareholder
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	•
(voting group)	
Dated $10/9/2/$	
Signature (By a director, president or other officer – if directors or officers have not been	—
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
CERVANTES ROTHS, LILIA	
(Typed or printed name of person signing)	
\sim	
(Title of person signing)	

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