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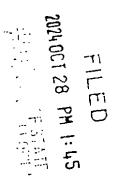
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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	ATION: FL AUTO TINT &	PPF INC			
DOCUMENT NUMB	P24000058195 '		·		
The enclosed Articles of	f Amendment and fee are sul	omitted for filing.			
Please return all corresp	oondence concerning this mat	ter to the following:			
J	ULIO A MUNOZ	•			
_	Name of Contact Person				
-	Firm/ Company				
8	3283 NW 36TH STREET				
-		Address			
9	SUNRISE, FL 33351	,			
-	1 ;	City/ State and Zip Cod	ie		
	MUNOJULIALE@GMAIL.C	СОМ			
-	E-mail address: (to be us	ed for future annual report	notification)		
For further information	concerning this matter, pleas	se call:			
JULIO A. MUNOZ		at (ode & Daytime Telephone Number		
Name of Contact Person		Area Co	ode & Daytime Telephone Number		
Enclosed is a check for	the following amount made	payable to the Florida Dep	artment of State:		
■ \$35 Filing Fec	S43.75 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)	i	
Ame Divis P.O.	ing Address Indiment Section It is in a contract of Corporations It is in a contract of Corporations It is in a contract of Corporation of Corporations It is in a contract of Corporation	Amend Division The C 2415	Address dment Section on of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 assee, FL 32303		

FILED 2024 OCT 28 PM 1: 45

Articles of Amendment to Articles of Incorporation of

FL AUTO TINT & PPF INC

(Name of Corporation	n as currently filed with the F	lorida Dept. of State)	
P24000058195			
(Docume	ent Number of Corporation (if k	nown)	
Pursuant to the provisions of section 607.1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Co.	rporation adopts the following an	nendment(s)
A. If amending name, enter the new name of the cor	rporation:		
name must be distinguishable and contain the word "cor" Inc.," or Co.," or the designation "Corp," "Inc," "chartered," "professional association," or the abbrev	or "Co,". A professional co	corporated" or the abbreviation "(rporation name must contain th	Corp.," e word
B. Enter new principal office address, if applicable:	<u> </u>		
(Principal office address <u>MUST BE A STREET ADD</u>	<u>RESS</u>)		
1			 -
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
			
D. If amending the registered agent and/or registered new registered agent and/or the new registered of		nter the name of the	
new registered agent and/or the new registered o	Milee address.		
Name of New Registered Agent			
	(Florida street address)		
New Registered Office Address:		, Florida	
	(City)	(Zip Code	·)
Now Designation of America Designations of America Designation	intered Amonts		
New Registered Agent's Signature, if changing Registered agent. I hereby accept the appointment as registered agent.	istered Agent. I am familiar with and accept th	e obligations of the position.	
, , ,			
Signa	ture of New Registered Agent, t	fchanging	
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>Jo</u>	phn Doe	
X Remove	<u>v</u> <u>w</u>	fike Jones	
X Add	<u>sv</u> <u>s</u>	ally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) X Change	P	JULIA A. MUNOZ	8283 NW 36TH STREET
Add	•		SUNRISE, FL33351
Remove			
2) Change	<u>P</u>	JULIO A. MUNOZ	8283 NW 36TH STREET
$\frac{X}{Add}$			SUNRISE, FL 33351
Remove 3) Change			
Adđ			
Remove			
4) Change			_
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			_
Add			
Remove			

	adding additional A al sheets, if necessary). (Be specific)			
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ın amendme	implementing the a	<u>mendment if not c</u>	ontained in the am	endment itself:	
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The date of each amendment(s) adoption:		, if other than the
date this document was signed.			
Effective date if applicable:			
	(no more than 90 days	s after amendment file date)	
Note: If the date inserted in thi document's effective date on the		statutory filing requirements, this date will n	ot be listed as the
Adoption of Amendment(s)	(CHECK ONE)		
■ The amendment(s) was/were action was not required.	adopted by the incorporators, or board	of directors without shareholder action and sh	nareholder
☐ The amendment(s) was/were by the shareholders was/were		ber of votes cast for the amendment(s)	
	approved by the shareholders through vote some continuous for each voting group entitled to vote s	voting groups. The following statement reparately on the amendment(s):	
"The number of votes c	ast for the amendment(s) was/were suf	ficient for approval	
by			
-	(voting group)		
10/23/20 Dated		-	
Signature	Julio A. MUNOZ		_
	a director, president or other officer – i cted, by an incorporator – if in the hand		
	ointed fiduciary by that fiduciary)	as of a receiver, trustee, or other court	
	JULIO A MUNOZ		
	(Typed or printed name	of person signing)	
	PRESIDENT		
	(Title of person signing))	