



**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000185444 3)))



H190001854443ABC3

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.** Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : BRENNAN, MANNA AND DIAMOND, P.L.  
Account Number : I20050000098  
Phone : (239)992-6578  
Fax Number : (239)992-9328

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
D3 GLASS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

T GLASS<sup>Help</sup>

(((H19000185444 3)))

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DJ Glass, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on September 22, 2011

Florida document number L11000108829

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

n/a

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

116431 Domestic Ave  
FT Myers, FL 33912

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

116431 Domestic Ave  
Ft Myers, FL 33912B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

n/a

New Registered Office Address:

Enter Florida street address

City, Florida

Zip Code

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, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

(((H19000185444 3)))

(((H19000185444 3)))

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Daubmann, Keith W.	16431 Domestic Ave.	<input type="checkbox"/> Add
		Fort Myers, FL 33912	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Daubmann, Douglas K.	16431 Domestic Ave.	<input type="checkbox"/> Add
		Fort Myers, FL 33912	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Daubmann, William C.	16431 Domestic Ave.	<input type="checkbox"/> Add
		Fort Myers, FL 33912	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
JUN 19 2019  
AM 10:30  
CLERK OF COURT  
STATE OF FLORIDA  
TALLAHASSEE

((H19000185444 3)))

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

**This Amendment is to change the titles of all members from Authorized Member to Manager.**

[illegible]

2. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated June 12, 2019

William C. Dasher

Signature of a member or authorized representative of a member

William C. Daubmann, Manager

Typed or printed name of signer

((H19000185444 3)))