## 14000 113677

Office Use Only



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## **COVER LETTER**

TO:	Registration Se Division of Cor				
et:b		GLASS, LLC			
SUB	JECT:	Name of Lim	ited Liability Company	<del></del>	
The e	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Pleas	e return all correspo	ndence concerning this matter	to the following:		
		TREVOR R. ROLLAND			
Name of Person					
		JAX ALL GLASS, LLC			
Firm/Company					
11318 WILLESDON DR. S.					
JAX ALL GLASS, LLC  Firm/Company					
	JACKSONVILLE, FL 32246				
		GLASSMASTER05@GMA			
		E-mail address: (	to be used for future annual report notific	cation)	
For fu	irther information co	oncerning this matter, please co	all:		
DAV	ID P. GRIGALTCE	шк	904 738-8398 at ()		
	Name of	f Person	Area Code Daytime	Telephone Number	
Enclo	sed is a check for th	e following amount:			
<b>■</b> \$.	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

JAX ALL 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 Florida document number <u>L14000113677</u> .		The second of th
i ionda document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here	:
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	11318 WILLESDON DR. S.	
(Principal office address MUST BE A STREET ADDRESS)	JACKSONVILLE, FL 32246	
Enter new mailing address, if applicable:	JACKSONVILLE	
B. If amending the registered agent and/or registered o		our records, enter the name of the new
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:    Name of New Registered Agent:   TREVOR R. ROLLAND     New Registered Office Address:   11318 WILLESDON DR. S.		
New Registered Office Address: 11318 WILLE	SDON DR. S.	
	Enter Florida	street address
JACKSONVII	LE	, Florida <sup>32246</sup>
	City	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

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>	Type of Action
TMGR	RODNEY SHARP	5198 VERDIS STREET. JACKSONVILLE, FL 32258	\_ Add
			■ Remove
			Change
MGR	TREVOR R. ROLLAND	11318 WILLESDON DR. S. JACKSONVILLE, FL 32246	■ Add
			Remove
			Change
			□ Remove
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			□ Remove
		-	☐ Change
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			Change
		<del></del>	Remove
			Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	09/12/2019
ote: I	re date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlier of $90$ th day after the record is filed.
ited _	9/12/2019
	Signature of a member or authorized representative of a member
	///

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Filing Fee: \$25.00