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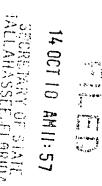
(Requestor's Name)
·
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filling Officer.





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COVER LETTER

TO: Registration Sec Division of Corp			± 1
SUBJECT: CSR	GLASS LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Angela Cart	er	
		Name of Person	
	MFIA, Inc		
		Firm/Company	
	146 Second	St. N., Ste.	310-G
		Address	
	St. Petersbu	irg, FL 3370 ⁻	1
		City/State and Zip Code	
	acarter@mfia-ind	com to be used for future annual re	nort notification)
	·		port normcation)
For further information co	oncerning this matter, please ca		
Angela Car	ter	_{at} 727 _, 53	39-9849 Daytime Telephone Number
Name of	Person	Area Code	Daytime Telephone Number
Enclosed is a check for th	e following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certificate of Status & Certified Copy (additional copy is enclosed)

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

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CSR GLASS LLC	
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L14000154346</u>	mpany were filed on 10/02/2014 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and end with the words "Limit	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	CSR Glass LLC c/o Shelton Radebaugh
(Principal office address MUST BE A STREET ADDRE	422 3rd Ave. N.
-	Tierra Verde, FL 33715
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	CSR Glass LLC c/o Shelton Radebaugh 422 3rd Ave. N.
The state of the s	Tierra Verde, FL 33715
B. If amending the registered agent and/or registeregistered agent and/or the new registered office addressed agent and New Registered Agent:	red office address on our records, enter the name of the new
New Registered Office Address:	
	Enter Florida street address , Florida
Now Desistaned Agent's Signature if shoughing Desistaned	City Zip Code 111
provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	ad agree to act in this capacity. I further agree to comply with the applete performance of my duties, and I am familiar with and nt as provided for in Chapter 605, F.S. Or. if this document is office address, I hereby confirm that the limited liability
	If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Cushman S. Radebaugh IV	1210 MILLENNIUM PKWY	_□ Add
		STE. 1017	■ Remove
		BRANDON, FL 33511	
MGRM	Cushman S. Radebaugh IV	422 3rd Ave. N.	_ ■ Aḋd
		Tierra Verde, FL 33715	_□ Remove
			_ _□ Add
			_ _□ Remove
			Add 14 OCR
			O AM I SO AM
		20 20 20	☐ Remove
			_ _□ Add
			□ Remove

D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
·	Please add FEIN: 47-2020806 for CSR Glass LLC
_	
(The effect	te date, if other than the date of filing: (optional) tive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)
Dated _	October 7 2014
Ĭ	Signature of a member or authorized representative of a member
	Angela Carter
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATES