## L1600000 5584

(Re	equestor's Name)	
(Ad	ldress)	
(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:		
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## COVER LETTER

TO:		istration Sect Ision of Corp			
Jul 785	en diin.		KES GLASS LLC		
SUB	JEC 1:		Name of Lim	ited Liability Company	
The c	enclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Pleas	se return	all correspond	dence concerning this matter	to the following:	
			BEN BUEHLER		
				Name of Person	
			SAME DAY WINDSHIEL		
Firm/Company					
			3902 HENDERSON BLVI	D SUITE 208 #247	·
Address					-
			TAMPA FL 33629		
				City/State and Zip Code	
			BEN@PRICEYOURGLAS	S.COM to be used for future annual report notific	and the second disk has already disk to the second
For t	arther in	iformation cor	e-man nooress: o		caucity
BEN	IJAMIN	BUEHLER.		at () 308 0280 Area Code Daytime	
		Name of I	Person	Area Code Daytime	Telephone Number
Encl	osed is a	check for the	following amount:		
<b>□</b> S	825.00 F	iling 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
Talighassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GREAT LAKES GLASS LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
he Articles of Organization for this Limited Liability Comp	any were filed on JANUARY 7, 2016	and assigned
lorida document number L16000005584		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
AME DAY WINDSHIELDS LLC		
e new name must be distinguishable and contain the words "Limited I.	iability Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	0	
	_	<u> </u>
		<u> </u>
nter new mailing address, if applicable:		- Cartina
		P See
lailing address MAY BE A POST OFFICE BOX)		- 22
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If amending the registered agent and/or registered gistered agent and/or the new registered office address		r the name of the I
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida _	
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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e: If the date inserted in this block	c does not meet the app	licable statutory fili	ng requirements, th	nis date will not b	e listed
iment's effective date on the Depa	rtment of State's record	ds.			
ecord specifies a delayed e	ffective date, but r	not an effective	time, at 12:01	a.m. on the	earlier
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, SEPTEMBER 27	2016				>
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Filing Fee: \$25.00