L1600000 5584

(Re	questor's Name)	
(Àd	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
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2020 DEC 18 PM 3: 07
SECRETARY OF STATE

25/21

COVER LETTER

TO: Registration S Division of Co			
RIECT: Same I	Day Windshields, I	LLC	•
OBJECT. STATE		nited Liability Company	
	Amendment and fee(s) are sub	-	
	Benjamin Bue	hler	
		Name of Person	
	B2 Holding Co	mpany Florida LLC	
		Firm/Company	
	2015 Universi	ity Avenue	20 DF
		Address	C
	Green Bay, WI	54302	2020 DEC 18 PH 3: 07 SECRETAIN OF STATE TIME ANASSEE. FL
		City/State and Zip Code	F ST
	ben@benbuehle	to be used for future annual report noti	fication) 구절 의
For further information of	oncerning this matter, please c	all:	
Benjamin Bu	ahler	000 070 16	
· 	f Person	at (920) 973-16 Area Code Dayting	13 ne Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	is:	Street Address:	
Registration 5	Section	Registration Se	
Division of C P.O. Box 632		Division of Cor The Centre of T	-
Tallahassee.			e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Same Day Windshields LLC

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our recor Liability Company)	rds.)
The Articles of Organization for this Limited Liability Company Florida document numberL1600005584	were filed on January	7, 2016 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
B2 Holding Company Florida LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	····	202
Principal office address MUST BE A STREET ADDRESS)		35 5 1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office	address on our records, enter	r the name of the new regis
igent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	PAS
	F	lorida
	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 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

•			
A	MBR	= Authorized	Member

<u> Atle</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
		.	□Remove
			Change PEC
			SELECTION OF STATE
			☐ Change
			□Add
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		enter change(s) here: (Attach a	
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. Effective (date, if other than the date	of filing:	(optional)
Note: If the		oes not meet the applicable statutory	g or more than 90 days after filing.) Pursuant to 605,0207 (3) of filing requirements, this date will not be listed as the
the record specord is filed.	ecifies a delayed effective date	, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after the
Dated	November 23	2020	
		525	
	Signa	ture of a member or authorized represer	ntative of a member
		Benjamin Buehle	er

Typed or printed name of signee