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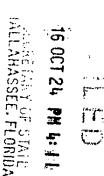
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE		O GLASS LLC		
		Name of Limit	ted Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please re	eturn all correspor	idence concerning this matter t	to the following:	
		JESSE JORDAN JR		
			Name of Person	
		NEXT AUTO GLASS LLC		
			Firm/Company	
		4585 DURBIN LANE		
			Address	
		32564		
			City/State and Zip Code	
		next.ag@yahoo.com		
		E-mail address: (t	o be used for future annual report notific	ation)
For furti	her information co	ncerning this matter, please ca	si:	
JESSE	JORDAN JR		850 454-8826 at ()	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclose	d is a check for th	e following amount:		
□ \$ 25	.00 Filing Fee	(a) \$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

NEXT AUTO GLASS LLC			
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our record d Liability Company)	<u>(s,</u>)	
The Articles of Organization for this Limited Liability Compare Florida document number L16000116237	ny were filed on JUNE 16, 2016	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company here:		
The new name must be distinguishable and contain the words "Limited Lia	bility 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)		·····	_
The day are an		TALLAH	_ ·
Enter new mailing address, if applicable:		SS P	- :
(Mailing address MAY BE A POST OFFICE BOX)			_
B. If amending the registered agent and/or registered	office address on our records	s, enter the name of the	new
registered agent and/or the new registered office address he		>	
Name of New Registered Agent:			_
New Registered Office Address:	Enter Florida street addres	S	
		_	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Name	<u>Address</u>	Type of Action
AMBR	KENNETH C MORRISON	4582 DURBIN LANE	Add
		HOLT, FL 32664	Remove
			Change
	<u> </u>		Add
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SEPT. 15, 2016 Effective date, if other than the date of filing:	SS	0¢1 24
Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days	optional) SSEC	0¢7 24
Effective date, if other than the date of filing: SEPT. 15, 2016 (an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days Note: If the date inserted in this block does not meet the applicable statutory filing requirements	optional) SSEC	0¢7 24
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Filing Fee: \$25.00