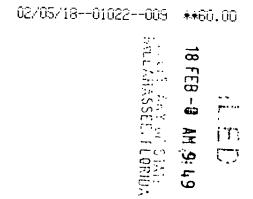
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## **COVER LETTER**

TO: Registration Se Division of Cor	ction porations		
SUBJECT:	Cossless F	Autu GIASS LL ited Liability Company	<u></u>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	JER	EMIAS COSS  Name of Person	
	Cussi	ESS AUTO GI	LASSLLC
	7412 12th	AVE.S Address	
		FL. 33619 City/State and Zip Code	
	(USSLES' E-mail address: (1	SAUTU GINSSA CO	mil. Com
For further information of	oncerning this matter, please ca	ali:	
JEREN Name o	MINS COSS (Person	at ( <u>813</u> ) <u>407</u> Area Code Daytime	-3321 Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$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

	TO GLASS LLC	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v	vere filed on November 12	- ,2017 and assigned
Florida document number <u>L17000233899</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
COSSLESS AUT The new name must be distinguishable and contain the words "Limited Liability	O GLASS LLC	Attaciaio 9110°
The new name must be distinguishable and contain the words. Limited Liability		
Enter new principal offices address, if applicable:	7412 12th AVE	5. S
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL. 3	3619
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		160
		and the
B. If amending the registered agent and/or registered off	ice address on our records, ent	er the name of the new
registered agent and/or the new registered office address here:		
	_	= 1T1
Name of New Registered Agent:	REMIAS COSS	19. 19
New Registered Office Address: 7412	12th AVE. S	<b>110</b> 2
	Emer Piorida street address	
Tay	Y QQ , Florida	33619
	Čiry	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 Spent, Signature of New Registered Agent

Page 1 of 3

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 = Au	thorized Member		
Title	Name	Address	Type of Action
AMBR	SANDRAS. SANCHE	22 7412 12th AVE. 5	🖸 Add
		Tampa , F1. 33619	Remove
			Change
MGR	JEREMIAS COSS	7412 12th AVE.S	ta Add
		Tampa , FL. 33619	Remove
			☐ Change
			Rem690
			Change AM 9
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			Change
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Filing Fee: \$25.00