L18000130596

(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Ñan	ne)
(Doc	ument Number)	
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COVER LETTER

TO: Registration Se Division of Cor				
OHD TROW.	Glazing Solutions, LLC	•		
Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Marc Robinson			
		Name of Person	<u> </u>	
	Robinson Glazing Solution	ns, LLC		
		Firm/Company		
	19985 Nw 13th St.			
		Address		
	Dunnellon, Florida 34431			
	.	City/State and Zip Code		
	info@robinsonglazing.com			
		to be used for future annual report notif	ication)	
For further information of	concerning this matter, please c	all:		
Marc Robinson		352 812-6494 at ()		
Name o	of Person	Area Code Daytime	e Telephone Number	
Enclosed is a check for the	he 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)	
		6		

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

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROBINSON GLAZING SOLUTIONS, LI	LC	
(Name of the Limited Liah (A Flor	oility Company as it now appears on our records ida Limited Liability Company)	.)
The Articles of Organization for this Limited Liability Florida document number L18000130596		and assigned
This amendment is submitted to amend the following:		
a. If amending name, enter the new name of the li	mited liability company here:	
he new name must be distinguishable and contain the words "L	.imited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		_
Principal office address MUST BE A STREET ADI	DRESS)	
nter new mailing address, if applicable:	·····	
Mailing address MAY BE A POST OFFICE BOX		
 If amending the registered agent and/or register gent and/or the new registered office address here 		he name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flo	rida
	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 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR BRENT D FISH	BRENT D FISH	6410 NE 25TH AVE.	
		OCALA, FL 34479	□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			Remove
			Change
			□Add
			Remove
		□Remove	
		☐ Change	
			□Remove
			□ Change

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Dated		
Dated	<u>.</u> 9	EPTEMBER 15TH 2020
Signature of a member or authorized representative of a member	Dated _	
organistic of a member of authorized representative of a member		Signature of a member or authorized representative of a member
		Signature of a member of administrator of a member
		Typed or printed name of signee