11800017/159

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	ne)
(30)		
(Do	cument Number)	
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COVER LETTER

TO:	Registration Sec Division of Corp			
		GLASS SOLUTION LLC		
SUB	JECT:	Name of Limi	ited Liability Company	<u>-</u> .
The	enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Pleas	se return all correspon	ndence concerning this matter	to the following:	
		TREVOR SKEENS		
			Name of Person	
			Firm/Company	
		914 SILVER RIDGE WA	Y	
		VALRICO FL 33594	Address	
		TREVOR@DEALERGLA	City/State and Zip Code SS.SOLUTIONS	
		E-mail address: (to be used for future annual report notif	ication)
For	further information co	oncerning this matter, please ca	alt:	
TRE	EVOR SKEENS		813 531-3713	: Telephone Number
	Name of	Person	Area Code Daytime	: Tetephone Number
Encl	osed 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

DEALER GLASS SOLUTIONS LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L18000171159	were filed on 07/16/2018	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:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	914 SILVER RIDGE WAY	
(Principal office address MUST BE A STREET ADDRESS)	VALRICO FL 33594	18 18
		ECR SIO
Enter new mailing address, if applicable:	914 SILVER RIDGE WAY	FILEL ETARY OF EOF COR
(Mailing address MAY BE A POST OFFICE BOX)	VALRICO FL 33594	
		0
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:	· •	enter the name of the nev
	, Flori	da
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and provided for in Chapter 605, F	I am familiar with and S. Or, if this document is

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

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	XAVIER NERYS	PO BOX 15089 TAMPA FL 33684	
			■ Remove
			Change
			Remove
			Change
			Add
			Remove
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date. If the date inserted in this block does not meet the applicable socument's effective date on the Department of State's records.	(optional e of filing or more than 90 days after filin tatutory filing requirements, this dat) g.) Pursuant to 605.0 e will not be listed
e record specifies a delayed effective date, but not an The 90th day after the record is filed.	effective time, at 12:01 a.m	. on the earlier
ated AUGUST 20TH . 2018		
71.//// Mali		
Signature of a member or authorized	representative of a member	

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Filing Fee: \$25.00