

(Re	equestor's Name)	-
(Ad	ldress)	<u> </u>
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(Cit	ty/State/Zip/Phone	÷#)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
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COVER LETTER

Divi	ision of Cor	porations		
SUBJECT:		ss Solutions LLC		
object.		Name of Lim	ited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Trevor Skeens		
			Name of Person	
			Firm/Company	<u></u>
		914 Silver Ridge Way		
		Valrico FL 33594	Address	
		trevor@dealerglass.solut	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	ication)
For further in	formation co	oncerning this matter, please ca	all:	
Trevor Skee	ens		813 531-3713	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
≌ \$ 25.00 Fi	iling 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)

TO: Registration Section

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

company has been notified in writing of this change.

(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our rec Liability Company)	<u>ords.</u>)
The Articles of Organization for this Limited Liability Company Florida document number L18000171159	were filed on 07/16/18	and assigned
This amendment is submitted to amend the following:		
	ilitu aamaunu hana	
A. If amending name, enter the new name of the limited liab	omty company nerg.	6
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "L	.LC" 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	7 7
		500
Enter new mailing address, if applicable:	914 Silver Ridge Way	
(Mailing address MAY BE A POST OFFICE BOX)	Valrico FL 33594	
B. If amending the registered agent and/or registered o	ffice address on our reco	rds, enter the name of the i
registered agent and/or the new registered office address her	<u>·e</u> :	
Name of New Paristand Americ		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ada	tress
·	City	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr	ree to act in this capacity. I	further agree to comply with
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 plainted being filed to merely reflect a change in the registered office		

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>	<u>Address</u>	Type of Action
AR	Dale Dienst	31130 Eloian Drive Wesley Chapel FL 33545	
			Remove
			□ Change
AR	Xavier Nerys	P.O. Box 15089 Tampa F L 33684	
			■ Remove
		· · · · · · · · · · · · · · · · · · ·	Change
			Add
			SEP THE P
			☐ Change
			Remove
		30	Change
			Add
			□ Remove
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			□ Change

50 percent ownership.	
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Caration data of walking all a data of 611	
fective date, if other than the date of filing:	prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
ote: If the date inserted in this block does not meet the ap	oplicable statutory filing requirements, this date will not be listed a
cument's effective date on the Department of State's reco	ords.
	t not an effective time, at $12{:}01$ a.m. on the earlier $lpha$
The 90th day after the record is filed.	
, August 29th 2018	
August 29th 2018	 .
- 1725 M	
11 (ID) XXI. 11 1.	1
	authorized representative of a member

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Filing Fee: \$25.00