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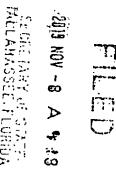
(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

Templar Glass LLC SUBJECT: Name of Limited Liability Co	прапу
Name of Limited Liability Co	mpany
The enclosed Articles of Amendment and fee(s) are submitted for filing	<u>!</u> .
Please return all correspondence concerning this matter to the followin	<u>2</u> :
Ryan Prenn	
Name of	Person
Templar Glass LLC	
Firm Con	npany
4097 E Danby Ct.	
Addre	rss
Winter Springs, FL 32708	
City/State and templarglasslle@gmail.com	Zip Code
E-mail address: (to be used for fu	ure annual report notification)
For further information concerning this matter, please call:	
Ryan Prenn 407 at (
	Code Daytime Telephone Number
Enclosed is a check for the following amount:	
■ \$25,00 Filing Fee ■ \$30,00 Filing Fee & □ \$55,00 F Certificate of Status Certifications	

MAILING ADDRESS:

TO:

Registration Section

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

Templar Glass LLC			
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our d Liability Company)	records.)	
he Articles of Organization for this Limited Liability Compa	ny were filed on $\frac{9.26 - 2019}{1}$		and assigned
orida document number L19000242456			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited li	ability company here:		
ne new name must be distinguishable and contain the words "Limited Lic	ibility Company," the designation	on "LLC" or the abb	reviation "L.L.C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)			
. If amending the registered agent and/or registered egistered agent and/or the new registered office address h	office address on our r ere:	र्धिक 🚺	the name of the n
Name of New Registered Agent:		R A P	
New Registered Office Address:	Enter Florida stree	t address	
		Florida	Zip Code
	City		гар соне

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. Thereby confirm that the limited liability company has been notified in writing of this change.

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
ambr	Ryan Prenn	4097 e danby et., Winter Springs, FL 32708	■ Add
			□ Remove
		<u></u>	☐ Change
Mark Prenn ambr	Mark Prenn	4097 E Danby Ct., Winter Springs, F1, 32708	□ Add
			□ Remove
			Change
Darl Prenn amgr	Darl Prenn	4097 E Danby Ct., Winter Springs, FL 32708	
			☐ Remove
			☐ Change
			□ Remove
			Change
			Add
			□ Remove
			☐ Change
			☐ Add
			□ Remove
			☐ Change

	ng any other information, enter change(s) never (Anach additional success, it necessary.)
	
-	
····	
Effective (date, if other than the date of filing:
Note: If if document	date, if other than the date of filing:
	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: th day after the record is filed.
Dated	3 2019
	MP
	Signature of a member or authorized representative of a member
	Ryan Prenn
α	Typed or printed name of signee
Man	1 typed or printed name of signee $44.07 - 20.5 - 49.929$ Page 3 of 3 Filing Fee: \$25.00
•	321-422-0712 Page 3 of 3
	Filing Fee: \$25.00