120000298542

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DIVISION OF CORPORATION

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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 503481 8324872 AUTHORIZATION COST LIMIT ORDER DATE: November 9, 2020 ORDER TIME : 10:29 AM ORDER NO. : 503481-005 CUSTOMER NO: 8324872 DOMESTIC AMENDMENT FILING NAME: TIER 1 AUTO GLASS, LLC EFFECTIVE DATE: XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX CERTIFIED COPY __ PLAIN STAMPED COPY ___ CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

CONTACT PERSON: Amanda Robinson -- EXT# 62968

COVER LETTER

TO: Registration Se Division of Cor			
Tier I Auto	Glass, LLC		
SUBJECT.		ited Liability Company	
	Amendment and fee(s) are sub-	-	
riease return an correspo	ondence concerning this matter	to the following:	
	Christopher Drier		
		Name of Person	
	Tier I Auto Glass, LLC		
		Firm Company	
	1819 Wharf Rd.		
		Address	
	Sarasota, FL 34231		
	admin@tierlautoglass.biz	City State and Zip Code	
		to be used for future annual report notific	eation)
	oncerning this matter, please c	all:	
Christopher Drier		941 223-2951 at ()	
Name o	f Person	Area Code Daytime	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 Addres Registration S		Street Address:	ion

Division of Corporations P.O. Box 6327

Registration Section Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tier I Auto Glass, LLC		
(Name of the Limited Liability (A Florida Lin	ompany as it now appears on our reconited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Com	pany were filed on 09/22/2020	and assigned
Florida document number L20000298542		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	
		吉可
Enter new mailing address, if applicable:	P.O. Box 847	
(Mailing address MAY BE A POST OFFICE BOX)	Osprey, FL 34229	111
		1 5 T
		12
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		Florida
	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 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	John E. Drier	1819 Wharf Rd.	∃ Add
		Sarasota, FL 34231	□Remove
AMBR	LaVinia M. Drier	1819 Wharf Rd.	≣Add
		Sarasota, FL 34231	□Remove
			□Change
AMBR	Stephen J. Mathews	2735 Forest Knoll Dr.	= Add
	Sarasota, FL 34232	Sarasota, FL 34232	□Remove
			
			DAdd
			□Remove
			□Change
			
			□Remove
			TChange
			□Add
		□Rem	□Remove
		·	□Change

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Effective date, if other than the (date of filing:		(oc	itional)	
Effective date, if other than the office of the date is listed, the date must Note: If the date inserted in this blo document's effective date on the Department.	ock does not meet the	applicable statutor	ng or more than 90 days at y filing requirements, t	ter filing.) Pursuant to 60: his date will not be list	5.0207 aed as
e record specifies a delayed effective rd is filed	date, but not an effe	ective time, at 12:01	a.m. on the earlier of:	(b) The 90th day after	er the
Sated S November	2020)			
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	The second second				
(m	Companies of a mamba-	or outhorized represent	ntative of a member		
Cruz.	Signature of a member	or authorized represe	ntative of a member		

Filing Fee: \$25.00