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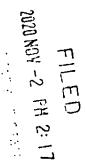
(Requestor's Name)	
(Address)	600354
(Address)	000334
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	11/02/20
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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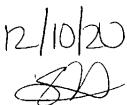




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## COVER LETTER

Division of Cor			•
	a: 1 1		700 AM
SUBJECT:	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:	
	CHRIS	Drien	
	-	Name of Person	
	TIGN / AC	Firm/Company	
		Firm/Company	
	1818 WHAG	RIF RD Address	
	<del></del>	Address	<del></del>
	SARASUTA,	CL 34231 City/State and Zip Code	
	ADMIN TE-mail address: (1	151 / AutoGCASS. B. to be used for future annual report notice	/Z fication)
For further information co	oncerning this matter, please ca	all:	
CHRIS	Drien	at (94/) 223 Area Code Daytim	- 255/
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	e 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 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

O GLASS, LLC
ability Company as t now appears on our records.) orida Limited Liability Company)
ty Company were filed on $\frac{09/22}{2020}$ and assigned
42
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limited liability company here:
*Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
ODRESS)
202
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2 : ~ <u>m</u>
ered office address on our records, <u>enter the name of the new registered</u> re:
Enter Florida street address
, 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>	<u>Address</u>	Type of Action
AMBR	JOHN E. DRIER	1819 WHARF RO, SARASOTA, FE	3423 1 Db/Add
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<b>fective date, if other</b> to an effective date is listed, th	than the date of f	filing:	to date of filing or mo	(option re than 90 days after fil	
ote: If the date inserted scument's effective date	in this block does r	not meet the applic	able statutory filing		
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ecord specifies a delaye	d effective date, but	t not an effective t	ime, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after the
is filed.					
29 DC	7 N 27 WY	2020	<b>)</b>		
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	/ Manne	11			
	<u> </u>		orized representative of		<del></del>