K21000039672

| (Req | uestor's Name | e) |
|---------------------------|----------------|---------------|
| (Add | ress) | |
| (Addi | ress) | |
| (City/ | /State/Zip/Pho | ne #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busi | ness Entity Na | ame) |
| | | |
| (Doc | ument Numbe | er) |
| Certified Copies | | |
| Special Instructions to F | iling Officer: | |
| | | |
| | | 4/28/21 TM |

Office Use Only



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03/08/21--01036--013 **25.00

21 MAR -8 AMII: 54

COVER LETTER

| то: | Registration Sec Division of Corp | | | • . |
|------------------|--------------------------------------|--|---|---|
| SHRI | вст. Clear Cus | stom Glass LLC | | : |
| 30134 | EC1. | | ited Liability Company | |
| The er | nclosed Articles of A | Amendment and fee(s) are sub | mitted for filing. | |
| Please | return all correspor | ndence concerning this matter | to the following: | |
| | | | Name of Person | |
| | | | Name of Person | |
| | | Clear Custom Glass | - | 71.74.8 |
| | | | Firm/Company | |
| | | | Address | |
| | | | City/State and Zip Code | |
| | | E-mail address: (| to be used for future annual report notifi | cation) |
| For fu | rther information co | oncerning this matter, please co | all; | |
| | Lyrks 1 | Muna | at (727) 27 | 7 9734 |
| | Name of | Person | Area Code Daytime | Telephone Number |
| Enclos | sed is a check for the | e following amount: | | |
|)S I_ \$2 | 5.00 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**

Clear Custom Glass LLC

21 MAR -8 AHII: 54

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Li | iability Company were | filed on | and assigned |
|---|----------------------------|--------------------------|--|
| Florida document number L21000039672 | · | | |
| This amendment is submitted to amend the follo | owing: | | |
| A. If amending name, enter the new name of | f the limited liability | company here: | |
| The new name must be distinguishable and contain the w | ords "Limited Liability Co | ompany," the designation | "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if application | able: 51 | 2 Maryland ave | |
| (Principal office address MUST BE A STREE | T ADDRESS) | | <u>. </u> |
| | Cr | ystal Beach Fl 34 | 681 |
| Enter new mailing address, if applicable: | | box 1142 | |
| (Mailing address MAY BE A POST OFFICE I | | ystal Beach Fl 34 | 681 |
| B. If amending the registered agent and/oregistered agent and/or the new registered of Name of New Registered Agent: | fice address here: | address on our rec | |
| New Registered Office Address: | 7901 4th St N STE 300 | | |
| New Registered Office Address. | | Enter Florida street a | ddress |
| | St. Petersburg | 3 | , Florida 33702 |
| | | Cin | Zip Code |
| New Registered Agent's Signature, if changing I | 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 | | UNVISION OF VIATE OF STATE OF | | |
|---|---------------------|---|-------------------------|--|
| <u>Title</u> | <u>Name</u> | Address 21 MAR - 8 | AHII: 56 Type of Action | |
| MGR | Name Curtis Naumann | SIZ Maryland Crystal Beach F | 910 BAdd C 34681 | |
| | | | □ Remove | |
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| | CIVISION OF CORPORATION |
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| | r to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(be able statutory filing requirements, this date will not be listed as the |
| the record specifies a delayed effective date, but no) The 90th day after the record is filed. | |
| Dated 3/4/71 Cut's M Signature of a member or auth | - <u> </u> |
| Curtis M | |
| Signature of a member of auth | orized representative of a member |
| Luvts /vauma | v√ √ ed name of signee |

Page 3 of 3

Filing Fee: \$25.00