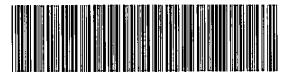
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(Re	questor's Name)
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phor	ne #1
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(Bu	isiness Entity Na	ime)
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Certified Copies	_ Certificate	es of Status
Special Instructions to	Filing Officer:	
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21 JUL 12 AN 8: 32

COVER LETTER

TO:	Registration Se Division of Cor				
SUBJEC		JTO GLASS SERVICE LLC			
300.72	~ · · · <u> </u>	Name of Lin	nited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		RONNY HANN A			
			Name of Person		
		QUICK AUTO GLASS SI	ERVICE LLC		
			Firm/Company		
		1820 SW BAYSHORE BI	.VD		
			Address		
		PORT SAINT LUCIE, FL	34984		
			City/State and Zip Code		
		SYLVIE.HANNA@GMAI			
		E-mail address: (to be used for future annual	report notification)	
For furth	er information c	oncerning this matter, please co	all:		
SYLVIE	HANNA		772 240	-1899	
_	Name o	f Person	Area Code	Daytime Telephone	Number
Enclosed	is a check for th	ne following amount:			
■ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is encl	osed) C	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
<u>:</u>	Mailing Address	<u>s:</u>	Street Ad	dress:	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

QUICK AUTO GLASS SERVICE LLC

21 JUL 12 AH 8: 30

(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 Liability Cor	npany were filed on $\frac{06/15/3}{2}$	2021 and assigned
Florida document number 1.21000277861		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
		···
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o	office address on our reco	rds, enter the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida :	treet address
		, Florida Zip Code
	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = N	Tanager Authorized Member		
Title	Name	Address 21 JUL 12 AM 8: 32	Type of Action
MGR	RONNY HANNA	1820 SW BAYSHORE BLVD	■Add
		PORT SAINT LUCIE, FL 34984	□Remove
		1820 SW BAYSHORE BLVD	
AMBR	SYLVIE KHABBAZ	PORT SAINT LUCIE, FL 34984	_
			□Remove
	·		□Change
			[]Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove

	r change(s) here: (Attach additional sheets, if necessary.)
	21 JUL 12 114 8: 32
	· · · · · · · · · · · · · · · · · · ·
ective date, if other than the date of fili	ing: (optional) and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020
te: If the date inserted in this block does not	at meet the applicable statutory filing requirements, this date will not be listed a
cument's effective date on the Department of	f State's records.
· · · · · · · · · · · · · · · · · · ·	not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
s filed.	
red JULY, 02	$\frac{2021}{1}$
Signature of	

Typed or printed name of signee